

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-1201.M2

October 10, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-04-0008-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in anesthesiology. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 58 year-old female who sustained a work related injury on ___. The patient reported that while at work she injured her low back when she lifted a student in an attempt to stop a fight. Treatment for this patient's condition has included epidural steroid injections, physical therapy and oral pain medications. The patient has undergone an EMG/NCV and a MRI of the thoracic and cervical spine. The diagnosis for this patient's condition is lumbar spondylolisthesis with radiculopathy.

Requested Services

Outpatient Botox injections times 16 with EMG guidance.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 58 year-old female who sustained a work related injury to her low back on ___. The ___ physician reviewer indicated that the patient has been evaluated by MRIs of the thoracic and lumbar spine, EMG/NCVs and has undergone treatments including oral pain medications, physical therapy, epidural steroid injections and Botox trigger point injections to the lumbar region. The ___ physician reviewer also indicated the

patient has undergone evaluation by neurosurgery in 10/02 and decompression and fusion with instrumentation was recommended. The ___ physician reviewer noted that the patient continues with significant back pain. The ___ physician reviewer also noted that this patient's pain management specialist has recommended another series of Botox trigger point injections with EMG guidance to the lumbar region. The ___ physician reviewer explained that the patient has undergone Botox trigger point injections without reported significant relief. The ___ physician reviewer explained that the patient has subluxation at L5-S1 with severe foraminal stenosis on the L5 nerve root per MRI. The ___ physician reviewer further explained that there is no evidence in the medical literature indicating that Botox injection therapy provides substantial and prolonged pain relief for discogenic back pain. Therefore, the ___ physician consultant concluded that the requested outpatient Botox injections times 16 with EMG guidance is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744
Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 10th day of October 2003.