

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 23, 2004

RE:

MDR Tracking #: M2-05-0274-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Anesthesiology/Pain Management reviewer (who is board certified in Anesthesiology/Pain Management) who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Office notes from ___, the signatures appear to be from ___ and ___. These notes encompass a time period from 5/9/04 through 7/28/04.
- Office visit with ___ from 8/3/04, this is the initial evaluation.

Submitted by Respondent:

- Letter from ___ dated 9/13/04.
- Office note from ___ dated 9/2/04.

Clinical History

The claimant states she injured herself on ___ while working as a sales associate at ___. She was carrying cosmetic bags and going through double receiving doors when the door swung back hitting her in the left side of her body, including the shoulder and upper back. The claimant has since then complained of pain in the left neck with radiation to the left shoulder blade. The claimant was initially seen at ___ for physical therapy, chiropractic manipulation and peripheral electric nerve stimulation. This did not provide her with any significant alleviation of her symptoms. She had an evaluation by ___ who felt she suffered from myofascial pain, performed trigger point injections and is now requesting botulinum toxin injections into the affected musculature.

Requested Service(s)

One visit of eight Botox chemodenervation injections with EMG guidance.

Decision

The request for Botox chemo denervation is not medically necessary or indicated at this time.

Rationale/Basis for Decision

There is inadequate documentation to support the botox injections. The provider does not include an exam detailing trigger points. He does not document the injection location, the medication used in the original trigger point injections, or the response, both in length and pain decrease. He also does not note if the patient is doing a HEP of the affected muscles or if she has just had passive modalities during P.T and manipulations. The use of Botox for trigger point injections is not well established yet it is reasonable in certain instances. The patient should have failed conservative care, including P.T. with HEP instruction, NSAID's and possibly muscle relaxants. There should also optimally be a trial of two trigger point injections that are well documented to have shown good results, even if only temporarily. In this case the injections are also diagnostic as well as therapeutic and, therefore, necessitate good documentation of their effectiveness before proceeding with Botox.

In this instance, all the provider does is make a statement that the shots helped 70%, but he does not provide the length of this decrease, and more importantly how was this effect documented (VAS scores, medication usage, improved function). As this is a trial of pain relief the occurrence of placebo effect should always be taken into consideration, and any short term relief could possibly be a placebo response and needs to be duplicated before proceeding.

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) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

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

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.