

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date: 1/6/2005
Injured Employee:
MDR #: M2-05-0444-01
TWCC #
MCMC Certification #: 5294

DETERMINATION: Deny

Requested Services:

Please review the item in dispute to address the medical necessity of the proposed one visit of eight chemodenervation injections with EMG guidance, regarding the above mentioned injured worker.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 12/03/2004, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Botox chemodenervation with EMG guidance is not medically necessary.

This decision is based on:

- *Notification of IRO Assignment dated 12/03/2004
- *TWCC-60 stamped received 11/24/2004 3 pgs
- *Corvel Preauthorization Determinations dated 09/24/2004 (2 pgs), 10/08/2004 (2 pgs), 01/30/2003, 01/30/2003 (2 pgs), 10/01/2003 (2 pgs), 11/20/2003 (2 pgs), 09/24/2004 (1 pg)
- *TWCC 1 dated 01/08/2002
- *Raymond Perry, DC, Descriptions of Procedures date 12/01/2001, 01/07/2002, 02/01/2002, 09/01/2002, 12/01/2002, 01/01/2003, 02/01/2003; Letter dated 02/16/2002 (2 pgs)
- *Trek Mobile Diagnostics, History and Physical dated 01/12/2002 10 pgs
- *Medconfirm Chiropractic Peer Review dated 03/05/2002 4 pgs
- *Military Health Care Center Designated Doctor Impairment Report dated 04/12/2002 2 pgs
- *TWCC 69s dated 04/11/2002, 10/06/2002
- *Lumbar MRI Report dated 04/23/2002 2 pgs
- *Texas Pain Institute History and Physical dated 05/29/2002 3 pgs; Follow-up examinations dated 06/18/2002, 08/08/2002, 09/17/2002, 01/23/2003, 03/20/2003, 09/18/2003, 11/13/2003, 01/08/2004, 06/01/2004, 06/29/2004, 09/16/2004, 11/04/2004, 08/16/2001 to 03/09/2002
- *Quantitative Functional Capacity Eval dated 05/31/2002 5 pgs

*Specialty Surgery and Pain Center Operative Report dated 06/06/2002, 08/22/2002 (Lumbar Intraspinal Myelography), 09/05/2002 (Lumbar Intraspinal Myelography), 01/16/2003 (Lumbar Discogram) 2 pgs, 02/12/2003 (Botox Chemodenervation with EMG guidance), 10/01/2003 (Myoneural Injections), 12/04/2003 2003 (Botox Chemodenervation with EMG guidance), 06/10/2004 (Right Sacroiliac Joint Injection)

*TWCC 73 dated 06/24/02, 03/20/2003

*TWCC Designated Doctor Exam dated 10/01/2002 2 pgs

*CT Lumbar Spine Post Discogram report dated 01/16/2003

*Healthwatch, Inc., Retrospective Review Determination Report and Peer Review dated 04/07/2003 9 pgs

*Steven Cyr, MD, Medical Record Review dated 10/17/2003 6 pgs

*Examination form dated 01/12/2002, no provider identified

*Perry Chiropractic Clinic office notes dated 03/16/2002 to 01/16/2003

The injured individual is a 24-year-old male with date of injury of _____. He has ongoing low back and right leg pain and has been diagnosed with lumbar myofascial syndrome (MFS). An MRI of 04/2002 was negative and a discogram of 01/2003 was essentially negative also. The injured individual had chiropractic, physiotherapy, and medications prior to seeing Dr. Carrasco, the Attending Physician (AP). The AP performed Epidural Steroid Injections (ESI) and then diagnosed trigger points in the lower lumbar and gluteal areas. In 06/2002, the AP performed a Sacroiliac Joint Injection (SI) and Trigger Point Injections (TPI) under local anesthetic. He followed this up with ESIs in 08/2002 and 09/2002 and then with botox injections under EMG guidance, which is not the standard of care, in 02/2003. There is no indication as to why there was such a large gap in time between the local anesthetic TPIs and the botox. He repeated the TPIs in 10/2003 and then repeated botox in 12/2003. He repeated the right SI and TPIs in 06/2004 and has been requesting another botox since 09/2004. He claims the injured individual gets prolonged relief from the botox.

Botox is an off-label medication for the treatment of myofascial pain and EMG guidance and is not the standard of care. Botox is not FDA approved for this diagnosis and is investigational and unproven in the treatment of myofascial pain due to poor quality studies, small patient population studies and a lack of long term or controlled studies. The literature states that botox actually had no efficacy, according to one study by Wheeler, when injected into the neck for myofascial pain.

The injured individual has benefitted in the short term from botox, but it has not produced any sustained results.

REFERENCES:

1. Dermatol Surg 2003 Apr;29(4):348-50 "Botulinum Tyxin type B" Sadick NS.
2. Clin Ther 2003 Aug;25(8):2268-78 "A preliminary comparison of efficacy and tolerability of botox A and B in the treatment of myofascial pain syndrome: a retrospective, open label chart review" Lang Am.
3. Pain Med 2003 Jun;3(2):174 "Botox B in the treatment of refractory myofascial pain" no authors listed.
4. Spine 1998 Aug;28(15):1662-1667 "A randomized, double blind prospective pilot study of botox injection for refractory unilateral cervicothoracic, paraspinal MFS" Wheeler A.
5. Clin J Pain 2002 Nov-Dec;18(6 Suppl):S147-54 "Botox in pain management of soft tissue syndromes" Smith HS.
6. Am J Pain Management July 2000;10(3):108-116 Preliminary Findings: a pilot study of botox administered using a novel injection technique for the treatment of MFS" Lang AM.
7. Curr Pain Headache Rep 2002 Dec;6(6):460-9 "Botox for the tx of musculoskeletal pain and spasm" Sheean G.
8. Schmerz 2003 Dec;17(6):450-8 "Use of Botox in the tx of muscle pain" Benecke R.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

The reviewing provider is a Boarded Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Anesthesiologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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 or your receipt of this decision (28Tex.Admin. Code 142.5©.)

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 (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

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

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

In accordance with commission rule 102.4(h), 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

7th day of January 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____

cc: TWCC
Downs Stanford, P.C., John Schkade