

May 5, 2005

**ATTN: Program Administrator**  
**Texas Workers Compensation Commission**  
Medical Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100  
Austin, TX 78744  
Delivered by fax: 512.804.4868

## Notice of Determination

MDR TRACKING NUMBER: M2-05-1094-01  
RE: Independent review for \_\_\_\_

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 3.16.05.
- Fax request for provider records made on 3.17.05.
- Records received from both parties and payment on 4.27.05.
- The case was assigned to a reviewer on 4.28.05.
- The reviewer rendered a determination on 5.3.05.
- The Notice of Determination was sent on 5.5.05.

The findings of the independent review are as follows:

### Summary of Clinical History

Ms. \_\_\_\_ has chronic pain to the neck and shoulder regions. She attended physical therapy for two weeks, but continued to have pain and discomfort.

### Questions for Review

The prospective medical necessity of the proposed one visit for 8 chemodenervation injections w/ EMG guidance.

### Determination

After reviewing the medical records provided, the PHMO physician reviewer has determined to **overturn the denial** for one visit of 8 chemodenervation injections w/ EMG guidance.

### Clinical Rationale

Per the medical records, there was reported short term improvement with the trigger point injections that were performed. Literature has reported that Botox injections do provide a longer term benefit. However, long term follow-up studies of the long term efficacy are few in number. Ms. \_\_\_\_'s rehabilitation course is inadequately documented in the records for review. A coordinated program of appropriate exercise based

physical therapy, medication management, and a trial of the Botox injections would appear medically reasonable and necessary.

## Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 15 years of patient care and orthopedic surgery.

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The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomat of the American Board of Orthopedic Surgery, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

In accordance with TWCC Rule 102.4 (h), a copy of this decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 5th day of May 2005.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas  
Administrator

CC: A.T. Carrasco, MD  
Attn: Christina  
Fax: 210.641.4525

Commerce and Industry c/o FOL  
Attn: Katie Foster  
Fax: 512.867.1733

[Claimant]