

May 25, 2005

**Re: MDR #:** M2-05-1476-01 **Injured Employee:**  
**TWCC#:** **DOI:**  
**IRO Cert. #:** 5055 **SS#:**

**TRANSMITTED VIA FAX TO:**  
**Texas Workers' Compensation Commission**  
Attention:  
Medical Dispute Resolution  
Fax: (512) 804-4868

**RESPONDENT:**  
Liberty Mutual Fire Ins. Co.  
Attention: Toni Evans  
(864) 595-7304

**TREATING DOCTOR:**  
A. T. Carrasco, MD  
(210) 614-4525

Dear \_\_\_\_:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Physical Medicine and Rehabilitation and in Pain Medicine, and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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  
Texas Workers' Compensation Commission, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

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.

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 May 25, 2005.

Sincerely,

Gilbert Prud'homme  
General Counsel  
GP/th

**REVIEWER'S REPORT**  
**M2-05-1476-01**

**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

From Respondent:

Correspondence

From Treating Doctor:

Office notes 03/08/05 – 03/17/05

**Clinical History:**

This female claimant has a history of chronic low back and gluteal pain resulting from a work-related accident on \_\_\_\_\_. Her pain responded with an overall 50% reduction in pain after intraspinal and trigger point injections.

**Disputed Services:**

Botox injection/chemodenervation

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that botox injection/chemodenervation is medically necessary in this case.

**Rationale:**

The request for Botox injections is appropriate for this patient. While it is not yet recognized by the FDA as indicated in this clinical situation, it is in fact, being widely used in the field of Pain Medicine. It is reasonable for this to be performed on this patient, as it may provide a prolonged period of muscle relaxation, allowing her overall pain to diminish once these irritative foci have been neutralized. Based on her case history, the reviewer believes that the 50% pain reduction she achieved is much more likely, with a reasonable medical probability, to have responded to the trigger point injections rather than the "intraspinial injections."