

IRO America Inc.

An Independent Review Organization

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Amended October 4, 2005

September 30, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TWCC #: _____

MDR Tracking #: M2-05-2254-01

IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with TDI-DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the TDI-DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including:

Note, 01/29/04, 03/03/05, 03/29/05, 05/19/05, 06/14/05

Office note, Dr. Carasco, 12/01/04, 12/28/04, 01/25/05, 02/09/05, 07/07/05, and 08/16/05

Lumbar x-rays, 01/04/05

MRI lumbar spine, 01/04/04

Operative procedure, 04/20/05, 05/04/05, and 06/01/05

Notice of denial, 07/12/05

Notice of denial of reconsideration, 07/25/05

Notice of dispute for denied request for Botox, 009/06/05

CLINICAL HISTORY

This patient is a 30 year old male with chronic low back pain reportedly sustained in an incident on _____. He was initially treated with non-steroidal anti inflammatory medication, a muscle relaxant and physical therapy. The patient continued with low back and gluteal pain and was then followed by pain management. Lumbar X-rays showed a transitional vertebra L5 and degenerative changes at L3-4 but no evidence of hypertrophic or degenerative facet changes. A lumbar MRI revealed minimal annular bulging at L3-4 and L4-5.

Clinical examination findings continued to note trigger point tenderness to the lumbar paraspinals and the gluteus maximus and medius bilaterally. There was limited lumbar range of motion secondary to pain. The patient underwent a series of three lumbar intraspinal injections and trigger point injections with noted improvement. The records indicated that after returning to work, the patient had an exacerbation of symptoms. He was referred for a work conditioning program. An office visit on 07/07/05 noted overall improvement in flexibility and range of motion. The patient reported complaints of muscle spasms to the lumbar and gluteal regions and the recommendation was for eight Botox chemo denervation injections with EMG guidance. This request was non-certified and the physician again had requested the procedure.

DISPUTED SERVICE(S)

Under dispute is prospective and/or concurrent medical necessity of Botox chemo denervation injection times eight with EMG guidelines times one visit.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

This patient has chronic back pain with more recent complaints of muscle spasm. Botox injections have been indicated as treatment of lower limb spasticity but cannot be recommended as medically necessary for the diagnosis of chronic back pain as there are no long-term studies to prove efficacy for the use of Botox injections for chronic back pain.

Screening Criteria

1. Specific:

AAOS, Orthopedic Knowledge Update 7, Koval, editor, page 221.

Journal of Neurology 56: May 2, 2001 page 1290. Botulism Toxin A in Chronic Low Back Pain, Authored by Foster and Clap

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM

Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

Cc: [Claimant]

Texas Mutual

Attn: LaTreace Giles

Fax: 512-224-7094

A.T. Carrasco

Fax: 210-614-4525

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

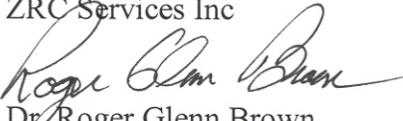
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the DWC via facsimile, U.S. Postal Service or both on this 30th day of September, 2005.

Name and Signature of IRO America Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO