

November 8, 2005  
November 4, 2005

VIA FACSIMILE  
Liberty Mutual Fire Insurance  
Attention: Virginia Cullipher

### AMENDED NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-06-0128-01**  
**DWC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: \_\_\_\_\_**  
**Respondent: Liberty Mutual Fire Insurance**  
**MAXIMUS Case #: TW05-0212**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308 which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician who is board certified in physical medicine and rehabilitation on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or has been approved as an exception to the ADL requirement. A certification was signed that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO, was signed. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns a 38-year old female who sustained a work related injury on \_\_\_\_\_. The patient has a history of somatic and neuropathic pain associated with a prior left foot and/or ankle injury. She complains of soreness and aching especially with prolonged activity and reported complete numbness to her legs. Diagnoses have included myofascial pain and muscle spasms. Treatments have included medication therapy and physical therapy.

#### Requested Services

1 visit for 8-chemodenervation injections 2/EMG guidance.

Documents and/or information used by the reviewer to reach a decision:

*Documents Submitted by Requestor:*

1. None submitted.

*Documents Submitted by Respondent:*

1. Intracorp Physician Review – 8/10/05, 8/11/05, 8/26/05, 8/29/05
2. Pain Management Records – 8/4/05
3. Request for Reconsideration – 8/19/05

Decision

The Carrier's denial of authorization for the requested services is upheld.

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS physician consultant indicated the patient has a history of left ankle and foot pain. The MAXIMUS physician consultant noted she was evaluated in a pain clinic on 8/4/05 and was found to have trigger points in the left gastrosoleus and pain with extreme range of motion (ROM). The MAXIMUS physician consultant explained there is no examination (i.e., ROM, strength, description of functional skills, etc) provided except the notation of trigger points. The MAXIMUS physician consultant also explained that the patient is reported to have had Botox chemodenervation approximately one year ago but there is no information about symptoms, body part treatment, or treatment rendered thereafter. The MAXIMUS physician consultant noted there is no information regarding physical therapy provided in the recent past regarding her current problems. The MAXIMUS physician consultant explained that the clinical data is insufficient to establish the medical necessity of the requested treatment of chemodenervation. The MAXIMUS physician consultant also explained that Botulinum treatment has been proven useful in blepharospasm, torticollis and spastic dystonia, but there is no consistent evidence showing that Botox is significantly superior to placebo in treatment of trigger points.

Therefore, the MAXIMUS physician consultant concluded that the requested 1 visit for 8-chemodenervation injections 2/EMG guidance is not medically necessary for treatment of the member's condition.

**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.

Sincerely,  
**MAXIMUS**

Lisa Gebbie, MS, RN  
State Appeals Department

cc: Division of Workers Compensation

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 4th day of November 2005.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department