



Specialty Independent Review Organization, Inc.

December 2, 2005

\_\_\_\_\_  
DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-0300-01  
IRO #: 5284

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

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesia and Pain Management. The reviewer is on the DWC ADL. The Specialty IRO health care professional 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 Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This 57 year-old female was injured when lifting a dolly on \_\_\_\_ and has had epidural steroid injections in 2 separate series. She has also had aquatic therapy and chiropractic therapy. An MRI of 4/7/05 showed a L1/2 bulging disc, L2/3 mild facet osteopathy, L3/4 disc desiccation with mild facet naturopathy, L4/5 disc desiccation and mild anterior subluxation of L4 on L5, bilateral facet naturopathy, disc protrusion, central spinal stenosis and L5/S1 facet naturopathy.

## RECORDS REVIEWED

Records from Doctor/Facility: Preauthorization request: Carrasco Institute, letter from Dr. Carrasco, office notes by Dr. Carrasco and operative report of 6/30/05.

Records from Carrier: Some of the above records with the addition of Intracorp letters from Drs. Limpert and Hamid.

## REQUESTED SERVICE

The requested services are eight Botox Chemonervation injections with EMG Guidance.

## DECISION

The reviewer agrees with the previous adverse determination.

## BASIS FOR THE DECISION

Dr. Carrasco cites one article and one abstract which are not randomized prospective trials and lack sufficient statistical power to discern any benefit. The third paper consists of only six patients, which is also not of sufficient power to be of statistical significance.

In Scott and Guo's review paper ([Trigger Point Injections for Chronic Non-Malignant Musculoskeletal Pain](#), Health Technology Assessment. Alberta Heritage Foundation for Medical Research, Jan 2005) they specifically compared Botulinum Toxin to a placebo injection of normal saline. They found no significant difference in pain scores. Therefore, the service is medically unnecessary as it is not supported by the clinical research.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify 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.

Sincerely,

Wendy Perelli, CEO

## **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,

Wendy Perelli, CEO

**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 via facsimile, U.S. Postal Service or both on this 2<sup>nd</sup> day of December 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**