



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0302-01
Social Security #: _____
Treating Provider: A.T. Carrasco, M.D.
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 11/16/05, 1 page.
- Receipt of Request dated 11/16/05, 11/2/05, 2 pages.
- Medical Dispute Resolution Request/Response dated 10/27/05, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers dated 11/9/05, (date unspecified), 3 pages.
- Health Care Services Review dated 10/18/05, 10/5/05, 6 pages.
- Letter to CompPartners dated 11/17/05, 1 page.
- Letter of Appeal dated 11/9/05, 1 page.
- Case Review dated 10/17/05, 10/4/05, 4 pages.
- Phone Conversation dated 11/17/05, 2 pages.
- Fax Cover Sheet dated 10/11/05, 10/10/05, 9/30/05, 9 pages.
- Preauthorization Request dated 10/10/05, 1 page.
- Letter of Medical Necessity dated 10/10/05, 4 pages.
- Follow-up Examination dated 9/29/05, 8/25/05, 3 pages.
- Initial Consultation dated 6/3/05, 3 pages.
- Procedure Report dated 9/30/05, 2 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied 8 Botox Chemo-denervation injections with EMG Guidance.

Determination: **UPHELD** - previously denied 8 Botox Chemo-denervation injections with EMG Guidance.

Rationale:

Patient's age: 51 years
Gender: Female

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Date of Injury: ____

Mechanism of Injury: Lifting heavy trays weighing approximately 25 pounds.

Diagnoses: Chronic low back pain with radiculopathy, lumbago, low back pain, myofascial pain syndrome to the lumbar and gluteal region, history of bulging disc of the lumbar spine.

This is a 51-year-old female with work-related injury while lifting two trays weighing approximately 25 pounds. The patient grabbed the tray from the counter at which she was bending, and started to back up and heard a pop and felt pain in her lower back region.

The patient complaints consisted of constant aching, throbbing pain into the low back, radiating down the left leg to the thigh region. The patient was given a working diagnosis of chronic low back pain with radiculopathy.

Subsequent to the injury, the patient underwent conservative treatment consisting of physical therapy, medication management and diagnostic testing. A lumbar MRI performed on December 13, 2002, showed a disk bulge at the L5-S1 level, with narrowing of the left neural foramen and mild deviation of the left L5 nerve root.

The patient underwent interventional pain management procedures, consisting of lumbar epidural steroid injections, as well as lumbar facet joint injections. The patient had noticed 60% relief of her pain with the above procedures. On February 25, 2003, the patient underwent a lumbar diskogram, which was significant for concordant back pain at the L5-S1 level. Of note, there was no mention at this time, of contemplation of surgical intervention. The patient came under the care of Dr. A. T. Carrasco, M.D. on June 3, 2005. By September 29, 2005, the patient's working diagnosis appeared to focus on myofascial trigger points involving the low back and gluteal region. The request for 8 Botox injections with EMG guidance is denied because:

1. It was unclear whether other conservative treatment interventions had been attempted, such as medications, rest, local anesthetic injection therapy or interferential therapy. Moreover, there was no documentation of a home exercise program.
2. Botulinum toxins are potent neurotoxins produced by *Clostridium perfringens*. The toxins block acetylcholine release at the neuromuscular junction producing paralysis. Although cosmetic uses (reducing facial wrinkling) may well be the best known application of botulinum toxins, there has been tremendous interest in clinical studies into the potential use for therapeutic purposes in chronic pain and headache syndromes. In addition to mild myoneural denervation, other analgesic mechanisms have been proposed. There is a growing body of scientific evidence relating to Botox injections in the treatment of low back pain, migraine, myofascial pain, spasticity, temporal-mandibular joint syndrome, urinary sphincter dysfunction, and other various movement disorders. Unfortunately, at this time, the use of botulinum toxin is considered experimental, investigational, and is of unproven benefit in the treatment of low back pain.

The ACOEM Guidelines do not approve of clinical procedures deficient in support from sound research data. There are no high-grade peer-reviewed double-blinded controlled studies, which

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corroborate the theory that the requested intervention is efficacious at the lumbar level. Based upon all of the foregoing, the intervention requested hereunder cannot be recommended.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

Anesthesiology, August 2005, S. Abrams, M.D., volume 3, pages 223 to 225, Botox not significantly better than placebo in cervical myofascial pain syndrome. Botulinum toxin in the treatment of myofascial pain syndrome, W. P. Chesire, Journal of Pain, 1994. Treatment of myofascial pain syndrome with Botulinum A toxin, Martin A. Aquadro, Anesthesiology, Volume 80, pages 706 to 709, 1994.

Physician Reviewers Specialty: Pain Management

Physician Reviewers Qualifications: Texas licensed M.D. and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.

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