



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0736-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: A.T. Carrasco, M.D.
REVIEWED BY: Board Certified in Pain Management
Board Certified in Anesthesiology
Added Qualifications in Pain Medicine
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 03/08/06

Dear Mr. ____:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Pain Management and Anesthesiology and has added qualifications in Pain Medicine and is currently listed on the DWC Approved Doctor List.

M2-06-0736-01

Page Two

I am the Secretary and General Counsel of Professional Associates 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 the provider, 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 Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

Evaluations with A.T. Carrasco, M.D. dated 06/03/02, 06/18/02, 12/03/02, 12/31/02, 01/23/03, 04/15/03, 05/06/03, 06/05/03, 07/17/03, 10/16/03, 12/09/03, 02/19/04, 04/20/04, 07/20/04, 10/19/04, 12/21/04, 02/01/05, 02/15/05, 05/24/05, 07/26/05, 09/06/05, 11/15/05, and 12/22/05

Operative reports from Dr. Carrasco dated 12/11/02, 01/09/03, 03/05/03, 06/12/03, 10/30/03, 03/04/04, 11/03/04, and 08/03/05

A letter written by Dr. Carrasco dated 09/20/05

Letters written by Liberty Mutual dated 11/21/05 and 12/20/05

A letter of Medical Dispute Resolution (MDR) written by Rebecca Shultz, R.N. at Liberty Mutual Group dated 02/03/06

Clinical History Summarized:

Dr. Carrasco performed a Toradol injection on 06/03/02 and recommended trigger point injections, which were performed on 06/18/02, 07/20/04, 10/19/04, 07/26/05, 11/15/05, and 12/22/05. On 12/03/02, Dr. Carrasco recommended Hydrocodone, further trigger point injections, an MRI, CT scan, and EMG/NCV study. Myoneural injections were performed by Dr. Carrasco on 12/11/02 and 01/09/03. On 01/23/03, Dr. Carrasco recommended Botox injections. The Botox injections were performed by Dr. Carrasco on 03/05/03, 10/30/03, 03/04/04, and 11/03/04. Dr. Carrasco performed left psoas compartment plexus blocks and myoneural injections on 06/12/03 and 08/03/05. On 12/21/04, Dr. Carrasco recommended physical therapy. On 02/01/05, Dr. Carrasco recommended a Functional Capacity Evaluation (FCE). Dr. Carrasco wrote a letter of medical necessity for a psoas compartment plexus block with Botox and five Botox injections dated 09/20/05. Letters of denial for the injections were provided by Liberty Mutual dated 11/21/05 and 12/20/05. On 02/03/06, Ms. Schultz wrote a

M2-06-0736-01

Page Three

letter to the Division of Workers' Compensation (DWC) stating they upheld the denial for the injections.

Disputed Services:

Right psoas block with Botox injection with fluoroscopy and five Botox chemodenervation injections with EMG guidance

Decision:

I disagree with the requestor. The right psoas block with Botox injection with fluoroscopy and five Botox injections with EMG guidance are not medically reasonable or necessary as related to the original injury.

Rationale/Basis for Decision:

This patient has had inconsistent pain complaints involving his neck, low back, one or the other, or both of his lower extremities, and both upper extremities despite the fact that his alleged injury involved only his lower back. There was no objective evidence of any damage, injury, or harm to any part of the patient's body as a result of the alleged injury of _____. Moreover, the patient's pain complaints have apparently switched sides from the left side of his lower back to the right side of his lower back, between June of 2002 and July of 2005. The requesting physician does not provide any documentation, explanation, or justification as to how such a development of contralateral pain could occur. However, there was no valid medical mechanism by which such a radical change in pain complaints would develop as a result of the alleged work injury of _____. The articles Dr. Carrasco referred to in his justification for performing the requested procedure did not, in fact, support his request, as two of the articles involved areas other than the lower back and such a minimal amount of patients as to not be considered scientifically valid. The third study, which involved only a small number of patients was not a doubled blinded controlled study nor was it a study of Botox injection of the iliopsoas muscle. Those studies, therefore, do not provide sufficient support for the requested procedure to justify doing the procedure. The articles, in fact, are abstract, nor double blinded, peer reviewed, controlled studies. Botox does not have a medical indication for injection of lumbar iliopsoas or gluteus muscles and there were no valid peer reviewed scientific studies demonstrating long term efficacy of the requested procedure for this patient's current clinical condition. Therefore, based upon the lack of evidence based scientific studies to support the requested procedure, as well as the improbable and medically unexplained switching of the patient's pain complaints from the left to the right side, there was no medical reason or necessity for Botox injection

M2-06-0736-01

Page Four

of the right psoas muscle or injections of the lumbar paraspinal and/or gluteus muscle with EMG guidance. The requested procedures have not been supported by valid medical studies, and, therefore, was not a medically reasonable or necessary procedure for this patient to undergo. Absent valid medical studies to justify a specific medical treatment, that treatment could only be considered experimental or investigational, and not standard of care.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

M2-06-0736-01

Page Five

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's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 03/08/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel