



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0801-01
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 Ms. ____:

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.

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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 08/02/04, 09/02/04, 05/05/05, 06/07/05, 08/18/05, 11/17/05, and 12/22/05

Operative reports from Dr. Carrasco dated 08/11/04, 08/18/04, 05/25/05, 07/06/05, and 11/30/05

A letter from Dr. Carrasco dated 09/16/04

An MRI of the cervicothoracic spine interpreted by Ashwani Kapila, M.D. dated 06/15/05

Letters of denial from St. Paul Travelers dated 12/29/05 and 01/13/06

Clinical History Summarized:

On 08/02/04, Dr. Carrasco recommended a series of trigger point injections and Ultracet. Myoneural injections were performed by Dr. Carrasco on 08/11/04, 08/18/04, 05/25/05, and 11/30/05. On 09/02/04, Dr. Carrasco recommended Botox injections. Physical therapy was recommended by Dr. Carrasco on 05/05/05. An MRI of the cervicothoracic spine interpreted by Dr. Kapila on 06/15/05 revealed mild spondylosis at C6-C7 and minimal disc bulging at C5-C6 and C4-C5. Botox injections were performed by Dr. Carrasco on 07/06/05. On 12/22/05, Dr. Carrasco recommended two cervical epidural steroid injections (ESIs) with trigger point injections. Letters of denial for the Botox injections were provided by St. Paul Travelers on 12/29/05 and 01/13/06.

Disputed Services:

One visit of eight Botox chemodenervation injections with EMG guidance

Decision:

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I disagree with the requestor, as the requested procedure is not medically reasonable or necessary as related to the original injury.

Rationale/Basis for Decision:

This patient allegedly suffered a contusion injury to the left neck and shoulder on _____. There was no specific documentation of her attending physical therapy or, if she did, any specific documentation as to what therapy was actually performed. Moreover, she has had three sets of trigger point injections with no specific information provided as to the degree and duration of relief from those injections. There was no documentation of the patient undergoing trigger point injections with concurrent physical therapy. The documentation, in fact, indicates that physical therapy and trigger point injections seem to have been performed independently of each other. Additionally, in his note of 12/22/05, Dr. Carrasco does not indicate plans for further Botox chemodenervation procedures, but rather for two cervical ESIs with trigger point injection.

According to Travell and Simons' book on treatment of myofascial pain, trigger point injections should be done in conjunction with supervised physical therapy initially, followed by active home based exercise. There was no documentation that this patient had concurrent supervised physical therapy with the trigger point injections performed by the requesting physician, nor that she did active home based exercise therapy following trigger point injection that were performed and on a regular basis thereafter. Additionally, botulinum toxin would be indicated for treatment of cervical dystonia, but there was no peer review scientific evidence of its efficacy for treatment of myofascial pain or for use in the trapezius levator rhomboid, infraspinatus, or splenius capitis muscle.

Additionally, there was no physical examination evidence of this patient having cervical dystonia to provide a valid medical indication for Botox denervation. Therefore, based upon all of the above reasons, eight Botox denervation injections with EMG guidance would be not medically reasonable or necessary to treat this patient's condition nor would it be related to the original contusion injury that she sustained. Such an injury would be expected to fully resolve in no more than six to eight weeks.

Absent valid medical indication for a specific treatment, clear documentation of degree and duration of clinical benefit from such treatment, and appropriate ongoing home based active exercise, there was no medical reason or necessity for Botox chemo denervation treatment with EMG guidance as related to the alleged work injury of _____.

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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

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.

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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