

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>03/17/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-0812-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for eight (8) Botox chemodenervation injections with electromyogram (EMG) guidance.

### DECISION: Upheld

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IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 03/17/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The Botox and EMG guidance are not medically necessary.

### CLINICAL HISTORY:

The injured individual is a 54 year old female with date of injury \_\_\_\_\_. The injured individual had low back pain with some relief from epidural steroid injections (ESIs). Dr. Carrasco notes the injured individual has trigger points in the quadratus lumborum and gluteal muscles. He is requesting Botox injections, which he does with EMG guidance. The injured individual has not had diagnostic trigger point injections (TPIs) to determine her candidacy for this experimental procedure. While this physician favors EMG guidance, there is no indication in the literature that this is needed when injecting Botox.

### REFERENCES:

1. Anesthesiology. 2005 Aug;103(2):377-83. Evidence against trigger point injection technique for the treatment of cervicothoracic myofascial pain with botulinum toxin type A. Ferrante FM. This article states: "No significant differences occurred between placebo and BoNT-A groups with respect to visual analog pain scores, pressure algometry, and rescue medication. **CONCLUSIONS:** Injection of BoNT-A directly into trigger points did not improve cervicothoracic myofascial pain."

2. Rheumatol Int. 2004 Sep 15; Comparison of lidocaine injection, botulinum toxin injection, and dry needling to trigger points in myofascial pain syndrome. Kamanli A.  
This reference states: "In the lidocaine group, Pain pressure threshold values were significantly higher than in the dry needle group, and pain scores were significantly lower than in both the BTX-A and dry needle groups." and "Lidocaine injection is more practical and rapid, since it causes less disturbance than dry needling and is more cost effective than BTX-A injection, and seems the treatment of choice in MPS."
3. Schmerz. 2003 Dec;17(6):450-8. [Use of botulinum toxin the treatment of muscle pain] Benecke R.  
This reference states: " In myofascial pain syndromes, pain relief by BTX injections has been reported, but definite proof according to evidence-based medicinal criteria is still lacking."
4. Spine 1998 Aug;28(15):1662-1667 "A randomized, double blind prospective pilot study of botox injection for refractory unilateral cervicothoracic, paraspinal MFS" Wheeler A.  
This study states: "no statistically significant benefit of botox A over placebo was demonstrated in this study".
5. Clin J Pain 2002 Nov-Dec;18(6 Suppl):S147-54 "Botox in pain management of soft tissue syndromes" Smith HS.  
This reference states: "Additional study is needed to better characterize its use for the treatment of pain."
6. Am J Pain Management July 2000;10(3):108-116 Preliminary Findings: a pilot study of botox administered using a novel injection technique for the treatment of MFS." Lang AM.  
This reference states: "Botox A "may" be beneficial for MFS."
7. Curr Pain Headache Rep 2002Dec;6(6):460-469. Botulinum toxin for the treatment of musculoskeletal pain and spasm. Sheean G.  
This reference states: "However, even if botulinum toxin is firmly established as an analgesic, there is insufficient clinical evidence of its efficacy in treating non-neurologic, chronic, musculoskeletal pain conditions."

#### **RATIONALE:**

Botox is considered investigational for the diagnosis of myofascial syndrome (MFS) and low back pain. It is not standard of care (SOC) for these diagnoses; it is not FDA approved for the treatment of these diagnoses, and it is not supported in the literature as an efficacious treatment for these diagnoses. Finally, the injured individual has not had diagnostic trigger point injections (TPIs) to determine if he would be a candidate for this type of investigational treatment.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 02/24/06
- MR-117 dated 02/24/06
- DWC-60
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 02/28/06
- Utilization Management: Letters dated 02/27/06, 02/14/06 (two) from Carolyn Guard, Quality Assurance Consultant
- Helmsman Management Services: Report dated 12/28/05 from Aimee Lavers, Utilization Review Nurse
- Professional Reviews, Inc.: Appeal dated 12/28/05 from Naresh Sharma, M.D.
- Carrasco Pain Institute: Letter dated 12/16/05 from A.T. Carrasco, M.D.
- Professional Reviews, Inc.: Pre-authorization dated 12/07/05 from Mitchell Kurzner, M.D.
- Carrasco Pain Institute: Follow Up Examination dated 11/29/05 from A.T. Carrasco, M.D.
- Carrasco Pain Institute: Undated Preauthorization Request (handwritten)

The reviewing provider is a Licensed/Boarded Pain Management/Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Pain Management/Anesthesiologist 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

**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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
Texas Department of Insurance Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas, 78744  
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**In accordance with commission rule 102.4(h), 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**

**17<sup>th</sup> day of March 2006.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_