

MATUTECH, INC.

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June 27, 2006

Rebecca Farless
Texas Department of Insurance
Division of Worker's Compensation
Fax: (512) 804-4871

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1249-01
DWC#:
Injured Employee: _____
DOI: _____
IRO#: IRO5317

Dear Ms. Farless:

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional 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.

Information and medical records pertinent to this medical dispute were obtained from Carrasco Pain Institute and Deborah Felder, Intracorp. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by the physician who is licensed in physical medicine and rehabilitation and pain management and is currently on the DWC Approved Doctors List.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by Carrasco Pain Institute:

Office notes (02/10/1998 – 04/25/2006)
Procedure notes (02/25/1999 - 07/28/2005)

Information provided by Deborah Felder, Intracorp:

Office notes (12/17/2002 – 02/28/2006)
Procedure notes (14/30/2003 – 07/28/2005)

Clinical History:

This is a 58-year-old patient who sustained an injury to his lower back and underwent discectomy and fusion at L4-L5. He continued to have severe back and leg pain following the surgery. No medical records are available from 1991-1997.

In February 1998, A.T. Carrasco, M.D., noted that the patient had chronic lower back and lower extremity pain well-controlled on his spinal cord stimulator (SCS) system. He followed up with Dr. Carrasco every two months and received intramuscular Toradol. Elavil, Ultram and Lodine were used to help control the pain. In February 1999, Dr. Carrasco performed a right psoas compartment plexus block, along with myoneural injections for trigger points. In April, the patient underwent Botox chemodenervation under Dr. Carrasco with significant improvement in his symptoms. A Medrol Dosepak was prescribed. In September, his internal pulse generator was replaced.

Through 2000, the patient followed up with Dr. Carrasco every two or three months for regular adjustments of the pulse generator and received injections of toradol. Celebrex was also prescribed. In October, he received another Botox chemodenervation under Dr. Carrasco's care. The frequency and nature of treatments in 2001 remained similar with the pulse generator being replaced with a new one in February. In 2002, the basic treatment course remained essentially the same. The dosage of Ultram was increased and the pulse generator was replaced with a new one in August. In December 2002, David Willhoite, M.D., an orthopedic surgeon, performed an independent medical evaluation. He noted that the patient had been operated upon for epidural fibrosis. He examined the patient and diagnosed failed back syndrome with epidural fibrosis. He stated that the patient's medical condition arose from the work injury of ____ and the treatment rendered had been reasonable and necessary. He stated that Ultram and Celebrex were reasonable and necessary.

Through 2003, the patient had regular follow-ups with Dr. Carrasco and received trigger point injections to the quadratus lumborum and gluteus medius in January along with a

Botox chemodenervation using electromyography (EMG) in April. This was in addition to his regular injections of toradol and the pulse generator. In November 2004, the pulse generator was once again replaced. Otherwise, the treatment modality remained the same. In July 2005, the patient received another Botox chemodenervation under Dr. Carrasco. He followed up regularly with Dr. Carrasco for his injections of toradol and pulse generator adjustments.

On February 28, 2006, the patient saw Dr. Carrasco for pain in the lower back and right hip going to the anterior knee. Trigger points were noted in the quadratus lumborum and gluteus maximus and medius. The patient had an antalgic gait and walked with the aide of a cane. Biofreeze was prescribed. Dr. Carrasco indicated that the patient had a significant relief with Botox chemodenervation injections. On April 25, 2006, Dr. Carrasco noted that the patient was awaiting approval of a Botox chemodenervation.

Disputed Services:

8 Botox chemodenervations with EMG guidance

Explanation of Findings:

The patient has been treated extensively for chronic low back pain with various modalities including meds, injections, SCS implant, IM Toradol and TPIs with Botox. The patient has had several series of Botox with continued documented pain requiring ongoing treatment.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn denial:

Uphold: The use of Botox for chronic long-term pain has not been established in peer reviewed randomized controlled studies and has been shown to be no more effective than placebo in some studies. The use is not FDA approved and remains an off-label use. It is acknowledged that Botox is used for myofascial pain and migraines. It typically does not require use of IV sedation for a relatively benign procedure such as TPIs with Botox. In this instance, I would not feel that ongoing Botox is medically appropriate using evidenced based medical literature.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

ACOEM GUIDES Ch. 12

The physician providing this review is a Medical Doctor. The reviewer is national board certified in Physical Medicine and Rehabilitation as well as pain medicine. The reviewer is a member of ISIS, ABPMR. The reviewer has been in active practice for 10 years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile a copy of this finding to the provider of records, payer and/or URA, patient and the Texas Department of Insurance.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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.