



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1503-01
Social Security #: _____
Treating Provider: Thomas Patrick, DC
Review: Chart
State: TX
Date Completed: 6/29/06

Review Data:

- **Notification of IRO Assignment dated 6/6/06, 1 page.**
- **Receipt of Request dated 6/6/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 5/26/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Request (date unspecified), 2 pages.**
- **Medical Dispute Reconsideration dated 5/16/06, 1 page.**
- **Pre-authorization Form (date unspecified), 1 page.**
- **Examination dated 4/12/06, 1/6/06, 11/15/05, 9/6/05, 8/9/05, 6/16/05, 5/2/05, 9 pages.**
- **Letter for Reconsideration dated 4/21/06, 1 page.**
- **Procedure Note dated 12/1/05, 6/15/05, 4/22/05, 3 pages.**
- **Article (dates unspecified), 3 pages.**
- **Denial Letter dated 1/27/06, 1 page.**
- **Report of Medical Evaluation dated 12/9/05, 1 page.**
- **Narrative History and Physical Examination dated 12/9/05, 2 pages.**
- **Operative Note dated 10/6/05, 7/25/05, 4 pages.**
- **Progress Notes dated 8/15/05, 8/10/05, 8/8/05, 8/5/05, 7/11/05, 5/20/05, 4/27/05, 4/5/05, 4/1/05, 3/8/05, 8/16/04, 8/9/04, 7/26/04, 7/23/04, 7/19/04, 7/14/04, 7/12/04, 7/9/04, 7/7/04, 7/2/04, 6/23/04, 6/21/04, 6/18/04, 6/16/04, 6/14/04, 6/11/04, 6/9/04, 6/8/04, 6/7/04, 6/4/04, (date unspecified), 12 pages.**
- **Examination and Evaluation dated 8/23/05, 1 page.**
- **Disability Evaluation dated 8/23/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 9/7/05, 8/30/05, 8/19/05, 8/12/05, 8/5/05, 5/22/05, 3/8/05, 6/7/04, 8 pages.**
- **Letter dated 11/9/04, 9/9/04, 2 pages.**
- **Employer's First Report of Injury of Illness (date unspecified), 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for Botulinum Toxin Injection.

Determination: UPHELD - the previously denied request for Botulinum Toxin Injection.

Rationale:

Patient's age: 60 years
Gender: Male
Date of Injury: ____
Mechanism of Injury: Motor Vehicle Accident.

Diagnoses:

1. Right trapezial muscle spasm.
2. Myofascial pain syndrome.
3. Cervical facet syndrome.
4. Cervicalgia.

Following this claimant's injury, over an 18-month period, he received conservative treatment consisting of work cessation (followed by work restriction), medication management, chiropractic care, and physical medicine. Reportedly, this patient underwent interventional pain management procedures consisting of trigger point injections, cervical epidural injections, cervical facet joint injections, cervical facet nerve ablations, acupuncture, and most recently, Botox injections. Per the designated doctor examination (DDE), this claimant estimated his overall improvement to have plateaued at approximately 40% since the date of injury. He has returned to cautious full duty capacity, but continued to experience a localized right trapezial pain that hampered his ability to perform heavy lifting. Objective findings consisted of tenderness to moderate palpation over the right mid trapezius muscle, which was hypertrophied and moderately mild spastic, but without palpable defect or deformity; right paracervical muscles moderately tender to deep palpation, range of motion of the cervical spine limited with pain, the mid ranges of all movement planes; right shoulder range of motion pain limited as follows (R/L): Flexion 130 degrees/170 degrees, extension 30 degrees/50 degrees, abduction 100 degrees/110 degrees, adduction 30 degrees/60 degrees, internal rotation 80 degrees/90 degrees, and external rotation 60 degrees/80 degrees. No focal neurologic signs were noted. The impression by the designated doctor was that this claimant had received ample treatment over an 18-month period, and there was no explanation for the persistent acuteness of his right trapezius muscle injury except suggesting the possibility of overuse aggravation and his work. The designated doctor did not believe the trapezius symptoms to be the result of cervical injury, as the trapezia are innervated by cranial nerves, not by cervical spinal nerves. Subsequently, the patient was given a maximal medical improvement (MMI) impairment rating on December 9, 2005. On December 1, 2005, the patient had 100 units of Botulinum toxin type A injected into the right trapezius muscle and right levator scapulae muscle, via fluoroscopic guidance, performed by the requesting provider. A post injection follow-up note stated that the muscles injected with Botox continued to be taut; the right trapezial muscle seemed not to have responded to Botox injection. Of note, there was no specific documentation regarding the efficacy of the procedure, specifically decrease in pain score, decrease in medication intake, and/or functional improvement noted. The requesting provider's medical reasoning to repeat Botox injection is to use a larger dosage of Botox since the initial dose used was insufficient. A review of PUBMED literature states the recommended dose of Botulinum toxin type A, varies widely from 1.25 units to 100 units, depending on the site. This patient has already received 100 units of Botulinum neurotoxin in the symptomatic musculature.

After review of the information submitted, it is the recommendation of this reviewer that the preauthorization denial for botulinum toxin injection be upheld because:

CORPORATE OFFICE
18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995
E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426

1. There are no high-grade peer reviewed double-blind control studies, which corroborate theory that larger dosage of Botox injections are efficacious at the cervical level.
2. Lack of functional and objective evidence of improvement following the first Botox injection.
3. A recent study published in Anesthesiology 2005 suggested that the injection of Botulinum toxin type A directly into trigger points does not improve pain relief in patients with cervical, thoracic, and myofascial pain syndrome.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.

1. Anesthesiology, Volume 103, #2, August 2005, entitled Evidence Against Trigger Point Injection Techniques for Treatment of the Cervical, Thoracic, and Myofascial Pain with Botulinum Toxin Type A.
2. The ACOEM Guidelines, the determination is also consistent with guidelines outlined in Chapter 6, entitled Pain, Suffering, and Functional Restoration, pages 165 through 193.
3. Wheeler AH, Goolkasian P, and Gretz SS: A Randomized, Double-Blind, Prospective Pilot Study of Botulinum Toxin Injection for Refractory, Unilateral, Cervicothoracic, Paraspinal, Myofascial Pain Syndrome.
4. Spine 1998; Volume 23, pages 1662 through 1667.

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.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S.Postal Service from the office of CompPartners the IRO on this 29th day of June, 2006.

Signature of IRO Employee:

A handwritten signature in cursive script that reads "L Strang". The signature is written in black ink and includes a long horizontal flourish at the bottom.

Printed Name of IRO Employee

***Lee-Anne Strang
Senior PRN Supervisor
CompPartners***