



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-1588-01

**Treating Provider:** Arnulfo Carrasco, MD  
**Review:** Chart  
**State:** TX  
**Date Completed:** 8/9/06

### **Review Data:**

- **Notification of IRO Assignment dated 7/12/06, 1 page.**
- **Receipt of Request dated 7/12/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 6/1/06, 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Office Visit dated 5/10/06, 1 page.**
- **Letter dated 5/18/06, (Date Unspecified), 3 pages.**
- **Fax Cover Sheet dated 7/12/06, 1 page.**
- **Follow-Up Examination dated 6/22/06, 5/4/06, 4/11/06, 3/9/06, 7 pages.**
- **Initial Consultation dated 2/1/06, 3 pages.**
- **Operative Reports dated 3/16/06, 2/22/06, 2/9/06, 6 pages.**
- **Response to IRO Request for Records dated 7/13/06, 3 pages.**
- **Revision Effective Date dated 1/1/06, 1 page.**
- **Decision and Order dated 5/4/04, 4 pages.**
- **Encounter Notes dated 2/14/06, 1/24/06, 1/10/06, 1/3/06, 11/17/05, 6 pages.**
- **Work Status Reports dated 2/14/06, 1/24/06, 1/10/06, 12/6/05, 11/29/05, 11/21/05, 11/17/05, 8 pages.**
- **Initial Evaluation dated 12/14/05, 1 page.**
- **SOAP Notes dated 4/10/06, 3/14/06, 3/13/06, 3/8/06, 3/6/06, 3/1/06, 2/28/06, 2/27/06, 2/24/06, 2/16/06, 2/15/06, 11/29/05, 11/21/05, 11/17/05, 12/6/05, 12/15/05, 12/16/06, 12/19/05, 12/20/05, 12/22/05, 21 pages.**
- **Initial Office Visits dated 1/19/06, 2 pages.**
- **Notifications of First Temporary Payments dated 5/9/06, 4/12/06, 2/8/06, 3 pages.**
- **Examinations dated 3/16/06, 2/29/06, 2/9/06, 3 pages.**
- **Myoneural Injections dated 3/15/06, 2/22/06, 2/9/06, 3 pages.**
- **Supply Lists dated 3/15/06, 2/22/06, 2/9/06, 4 pages.**
- **Anesthesia Records dated 3/15/06, 2/22/06, 2/9/06, 3 pages.**
- **Pre-Operative History and Assessments dated 3/15/06, 2/22/06, 2/9/06, 3 pages.**
- **Progress Evaluation dated 2/15/06, 1 page.**
- **MRI Lumbar Spine dated 1/5/06, 1 page.**

- **Exercise Flow Sheet dated 12/15/05, 12/14/05, 1 page.**

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for one visit of botox chemodenervation injection times 8 with EMG guidance.

**Determination: UPHELD** - the previously denied request for one visit of botox chemodenervation injection times 8 with EMG guidance.

**Rationale:**

**Patient's age:** 46 years  
**Gender:** Female  
**Date of Injury:** \_\_\_\_ **Mechanism of Injury:** Assisting a patient onto a treatment table.

**Diagnoses:**

1. Low back pain with right-sided radiculopathy.
2. Possible bulging disk at L5-S1 level, right foraminal stenosis, right-sided narrowing foraminal stenosis.
3. Myofascial pain syndrome to quadratus lumborum, gluteus maximus, and gluteus medius.

Subsequent to this claimant's work-related injury, she was initially diagnosed with low back pain by Carl Salinas, M.D. Reportedly, the patient was referred for physical therapy (six sessions) and returned to work with restrictions, almost immediately following injury. Due to persistence of pain complaints, the patient underwent a lumbar MRI on January 5, 2006, which revealed degenerative disk disease at L5-S1 level with right foraminal stenosis and moderate disk bulge. The patient was referred for an orthopedic spine consultation to Jerjis Denno, M.D., who diagnosed this patient with lumbar sprain/strain, and reportedly did not think that this patient was a surgical candidate. On February 1, 2006, the patient was referred to the requesting provider's pain management clinic and underwent 12 additional physical therapy sessions with interventional pain management procedures consisting of three sets of lumbar epidural steroid injections, and three sets of trigger point injections. Reportedly, the patient received approximately 50% to 60% relief of her low back pain symptoms following the injections. On April 11, 2006, the requesting provider reported that the claimant was able to function independently and was close to her pre-injury levels. At that time, he released her to return to work part-time with some restrictions. This claimant returned to Dr. Carrasco (the requesting physician), on 5/4/06, with a flare-up of her low back pain, for which he subsequently recommended 12 additional physical therapy treatments and Botox injections to the lumbar spine. Currently, from the June 22, 2006 follow-up note submitted, this patient continued to have pain and discomfort in the low back and lower extremities. A quantitative pain score was not documented. The objective findings revealed specific areas of reproducible trigger point tenderness, specifically located in the quadratus lumborum, the gluteus maximus and the gluteus medius. The lumbar ranges of motion were limited; and her gait was slightly antalgic. It is noteworthy that there was no documentation of any medication for the management of her symptom complex related to myofascial pain. It is not known to this reviewer what medication

this patient might be taking at this time. Reportedly, this patient could not attend all physical therapy sessions due to job scheduling issues.

After evaluation of the information submitted, it is the opinion of this reviewer that the previously denied request for one visit of Botox chemo-denervation injection times eight with EMG guidance be upheld because of the following:

1. The patient's lumbar myofascial pain trigger points could be secondary to underlying spine pathology. Furthermore, the requested procedure is not likely to produce significant long-term benefit.
2. There are no high-grade peer reviewed double-blind controlled studies, which corroborate the theory that the requested intervention is efficacious for purposes such as those for which the request is intended in the instant case. The ACOEM Guidelines set out that injecting botulinum toxin (type A and B) has been shown to be effective in reducing pain and improving range of motion in patients with cervical dystonia. The question as to its efficacy in the management of low back complaints is not addressed by the ACOEM Guidelines, 2<sup>nd</sup> Edition.
3. It is not known whether conservative medication modality has been utilized pertaining to myofascial pain.

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

1. ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapters 6, 8 and 12.
2. *Neural Blockade and Clinical Anesthesia in Management of Pain*, 3rd Edition, edited by Dr. Michael J. Cousins and Dr. Philip Bridenbaugh, Chapter 28, entitled "The Role of Neural Blockage In Treatment of Low Backaches", and Chapter 33, entitled "Evaluation of The Specialty of Pain Medicine and Multidisciplinary Approach to the Treatment of Pain."
3. Article from *Anesthesiology Journal*, August 2005, Volume 3, Authors are S. Abram, M.D., entitled "Botox Not Significantly Better Than Placebo" (Cervical And Myofascial Pain Section).
4. *Journal of Anesthesiology* 2005; 103: 377 through 383, "Evidenced Against Trigger Point Injections Technique for the Treatment of Cervical, Thoracic, and Myofascial Pain with Botulinum Toxin Type A", author is F. Michael Ferrante, M.D.

**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.**

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

## 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 the IRO on this day of August 9, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee      *Lee-Anne Strang*

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