

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71  
Phone: 512-288-3300

Austin, Texas 78735  
FAX: 512-288-3356

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1127-01
Name of Patient: _____	
Name of URA/Payer:	Insurance Co of the State of PA
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Arnulfo Carrasco, MD

May 23, 2006

An independent review of the above-referenced case has been completed by a physician board certified in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: \_\_\_\_\_  
Miguel Jose Saldana, MD  
Arnulfo Carrasco, MD  
Division of Workers' Compensation

DOCUMENTS REVIEWED

Multiple progress notes and operative reports from Dr. Carrasco, designated doctor evaluation by Jerome Kosoy, M.D. of 7/22/2004, report of Botox chemodenervation of eight sites with EMG guidance under intravenous sedation of 10/07/04 and 4/13/2006.

CLINICAL HISTORY

A female injured at 38-years of age while employed with \_\_\_\_\_ as a flight attendant. Reported injury of the right shoulder region pulling a meal tray out of a cart. Continued right neck and shoulder region myofascial pain and muscles spasm.

REQUESTED SERVICE(S)

One visit of eight Botox chemodenervation with EMG guidance x two localizations for needle localization. Intravenous sedation.

DECISION

Approval for Botox chemodenervation total of eight sites with EMG guidance x two localizations for needle localization. Intravenous sedation is denied.

RATIONALE/BASIS FOR DECISION

The patient has documented specific areas of point tenderness and muscle spasm which have responded to documented botulinum toxin chemodenervation in the past. There are documented plans for physical therapy coincident with and after the requested botulinum

toxin chemodenervation. The original uses for botulinum toxin were spasm of extraocular muscles and periorbital muscles; hence, it is well known that botulinum toxin reduces muscle spasm. Using conscious sedation for electromyography is excessive. Electromyography has been performed in spastic muscles, painful muscles, etc. for well over a quarter century by electromyographers over the world without intravenous conscious sedation. This would also reduce the ability to recruit motor units.

### Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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 decision before referral to the IRO.

## **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.

Chief Clerk of Proceedings  
Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with 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 26<sup>th</sup> day of May 2006.

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

Printed Name of IRO Employee: Marc Salvato