

MCMC

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

Date:	10/13/2006
Injured Employee:	
Address:	
MDR #:	M2-07-0009-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Eight (8) Botox chemodenervation injection with electromyogram (EMG) guidance.

DECISION: Upheld

IRO MCMCllc (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 10/13/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Botox chemodenervation with EMG guidance is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 43 year old male with date of injury 04/2006. The injured individual attended a few physical therapy (PT) sessions, had lumbar epidural steroid injections (ESIs), and three trigger point injections (TPIs) in 06/2006. His MRI was normal in the thoracic spine and showed a bulge at L5/S1 with facet hypertrophy. His physician is requesting botox injections with EMG guidance into the thoracolumbar musculature. The injured individual had an Independent Medical Exam (IME) in 09/2006, which did not note any evidence of Myofascial Pain Syndrome (MFS) or muscle spasms here and suggested a sacroiliac (SI) injection and SI belt instead. Botox has been denied previously as being an unproven treatment for MFS.

REFERENCES:

- Dermatol Surg 2003 Apr;29(4):348-50 "Botulinum Toxin type B" Sadick NS.

- Clin Ther 2003 Aug;25(8):2268-78 "A preliminary comparison of efficacy and tolerability of botox A and B in the treatment of myofascial pain syndrome: a retrospective, open label chart review" Lang Am.
- Pain Med 2003 Jun;3(2):174 "Botox B in the treatment of refractory myofascial pain" no authors listed.
- 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.
- Clin J Pain 2002 Nov-Dec;18(6 Suppl):S147-54 "Botox in pain management of soft tissue syndromes" Smith HS.
- 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 tx of MFS" Lang AM.
- Curr Pain Headache Rep 2002 Dec;6(6):460-9 "Botox for the tx of musculoskeletal pain and spasm" Sheean G.
- Schmerz 2003 Dec;17(6):450-8 "Use of Botox in the tx of muscle pain" Benecke R.

RATIONALE:

Botox is neither FDA approved for the treatment of myofascial pain nor is it proven efficacious in the literature. In addition, there is no mandated need for the use of EMG guidance in performing these injections; this is just this physician's preference. The use of botox in the treatment of Myofascial Syndrome is unproven and investigational; therefore, it is not medically necessary.

DATES RECORDS RECEIVED:

Medical records received 09/26/2006.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 09/19/06
- MR-117 dated 09/19/06
- DWC-60
- DWC-73: Work Status Reports dated 05/04/06 through 07/11/06
- DWC-1: Employer's First Report of Injury or Illness dated 05/02/06
- MCMC: IRO Medical Dispute Resolution Prospective dated 09/27/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 09/20/06
- Arnulfo T. Carrasco, M.D.: Follow Up Examination notes dated 10/03/06, 09/19/06, 08/08/06, 07/11/06

- Downs-Stanford, P.C.: Letters dated 09/26/06, 09/25/06 from W. Jon Grove
- Sedgwick Claims Management Services: Check dated 09/25/06
- Occupational Health Systems: Independent Medical Evaluation dated 09/14/06 from James Hood, M.D.
- Sedgwick CMS: Letters dated 08/21/06, 08/11/06 from Sedgwick Managed Care
- Carrasco Pain Institute: Operative Reports from A. T. Carrasco, M.D. dated 07/27/06, 06/29/06, 06/15/06
- Texas Pain Institute: History/Surgeon's Record notes dated 07/27/06, 06/29/06, 06/15/06
- Carrasco Pain Institute: Pre-Op History & Assessments dated 07/27/06, 06/29/06, 06/15/06
- Carrasco Pain Institute: Undated Post Anesthesia Records (three)
- Carrasco Pain Institute: Procedure notes dated 07/27/06, 06/29/06, 06/15/06
- Rainbow Medical Imaging Center: MRI thoracic spine dated 07/17/06
- Arnulfo T. Carrasco, M.D.: Prescription note dated 07/14/06
- Carrasco Pain Institute: Work/School Status note dated 06/30/06
- The Pain Spa Physical Rehabilitation: Physical Rehabilitation Daily Notes dated 06/20/06 through 07/14/06
- Carrasco Pain Institute: Initial consultation and evaluation dated 06/02/06 from A. T. Carrasco, M.D.
- Radiology Associates of San Antonio: MRI lumbar spine dated 05/25/06
- Lumbar Exercise Flow Sheet dated 05/18/06
- Texas MedClinic: Physical Therapy Daily Note from Shawn Allen, PT, dated 05/18/06 to 05/22/06
- Texas MedClinic: Physical Therapy Daily Note from Heidi Gulley, PTA, dated 05/18/06 to 05/23/06
- Texas MedClinic: Physical Therapy Progress Note from Shawn Allen, PT, dated 05/18/06
- Texas MedClinic: Encounter Notes from Victor Abrego, MD, dated 05/04/06, 05/11/06, 05/23/06, 05/29/06, 06/01/06
- Carrasco Pain Institute: Undated letter from Billing/Collections Department
- Carrasco Pain Institute: Undated Supply Lists

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

__13th__ day of __October__ 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____