

MATUTECH, INC.

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February 15, 2006

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

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-0634-01
DWC#: _____
Injured Employee: _____
SS#: _____
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 Arnulfo Carrasco, MD and American Guarantee & Liability/Zurich FOL. 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 Pain Management, and is currently on the TWCC Approved Doctors List.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by ____:

Office notes (08/01/05-01/17/06)
Functional capacity evaluation (12/13/05)

Information provided by American Guarantee & Liability/Zurich/F.O.L.:

Non authorization of Botox Chemodenervation (12/07/05&12/21/05)
Medical Dispute Resolution Request (TWCC60) (1/6/06)
Letter stating Carriers position (1/20/06)

Clinical History:

This patient is a 57-year-old male who was at work as a roofer when he developed sharp low back pain. Dr. Knight of Texas Med Clinic assessed muscle spasms and recommended physical therapy (PT) for four weeks. There was no improvement. A magnetic resonance imaging (MRI) of the lumbar spine revealed a bulging disc centrally at L5-S1 with possible impingement against the exiting right S1 nerve root sleeve, and mild lateral recess stenosis. A.T. Carrasco, M.D., a pain consultant, noted slight scoliosis, painful lumbar range of motion, and myofascial tenderness in the quadratus lumborum, gluteus medius, gluteus maximus, and the right lower facets. Straight leg raise, Patrick's, and piriformis tests were positive. Dr. Carrasco recommended PT and prescribed Skelaxin. He administered a series of three lumbar intraspinal injections but Mr. ____ continued to have pain and discomfort in his low back and gluteal region. Dr. Carrasco recommended Botox chemodenervation with EMG guidance to decrease the pain and increase function. He also prescribed Ultram and Skelaxin. An exit functional capacity evaluation revealed that Mr. ____ had poor functional tolerance, deconditioned status, and was unable to perform at his required heavy physical demand level. A work conditioning program (WCP) was recommended.

On December 7, 2005 and on December 21, 2005, the request for eight Botox chemodenervation injections with EMG guidance was denied by the carrier since this was considered experimental and had not been approved by the Food and Drug Administration or the drug company or the Physician's Drug Reference. Per the drug manufacturer, the indication for Botox was cervical dystonia and strabismus. There was also absent information regarding response to trigger point injections previously performed. Hence the above request was not medically necessary.

On January 17, 2006, Dr. Carrasco noted pain to the lower back and lower extremities with ongoing functional limitations secondary to pain. He recommended WCP four hours a day five days a week for two weeks.

Disputed Services:

Preauthorization request: Eight Botox chemo denervation injections with EMG guidance.

Explanation of Findings:

According to the records from Dr. Carrasco, the patient has a diagnosis of chronic lower back pain with lower extremity pain. The patient also has a history of bulging discs at several levels. The patient has successfully undergone lumbar epidural steroid injections. The recommendation had been for Botox injections, but also for work hardening and work conditioning.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn URA's denial:

The recommendation for Botox chemodenervation with trigger point injections is not supported by evidenced based medical literature. The use of Botox for pain management at this time is considered off label. The FDA has approved Botox for certain conditions such as dystonia and torticollis, but presently does not support the use of this medication for myofascial pain. Evidenced based literature such as ACOEM guidelines are not supportive of chemodenervation for chronic myofascial pain or for trigger point injection therapy at this point in time. There is no reputable randomized control studies recently which have indicated the efficacy of Botox chemodenervation over standard trigger point injections or home exercise program with analgesics. Therefore, use of this modality for pain management would not be supported by literature and would be considered off label use at this time.

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

ACOEM guidelines.

The physician providing this review is a physiatrist. The reviewer is national board certified in physical medicine rehabilitation as well as pain medicine. The reviewer is a member of The American Academy of Physical Medicine and Rehabilitation, International Spinal Intervention Society, American Society for Intervention Pain Physicians. 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.