

CompPartners

DATE OF REVIEW: 06/01/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the previously denied purchase of an RS4i interferential and muscle stimulator and supplies.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Licensed Specialist.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

The previously denied purchase of an RS4i interferential and muscle stimulator and supplies.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Fax Cover Sheet dated 4/16/07, 1 page.
- Notice to of Case Assignment dated 4/16/07, 1 page.
- Letter dated 4/16/07, 2 pages.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 4/4/07, 1 page.
- Request Form dated 3/30/07, 6 pages.
- Determination Notification Letter dated 2/14/07, 2/6/07, 6 pages.

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Male.

Date of Injury: xx/xx/xx

Mechanism of Injury:

Diagnoses: Developed headaches and cervical pain with radiation of pain to the upper back and bilateral upper extremities; paresthesias of the right upper extremity.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This male sustained an industrial cervical spine injury and underwent a cervical spine MRI scan, which demonstrated 2-mm disk bulges at C4-5 and C6-7, with mild narrowing of the foraminal entrances. There was mild disk desiccation from C2 to C7 levels. The claimant had received prescribed medications, physical therapy, trigger point injections, and facet injections. Reportedly, the claimant used the RS4i interferential stimulator with “excellent result” with regard to reduction of pain and muscle spasm. However, there was no documentation of any objective improvement in function or decreased medication usage, which is usually the criteria necessary for objective efficacy. In summary, the requested purchase of the RS4i interferential stimulator and supplies is non-certified as not medically indicated. There was insufficient scientific evidence to determine the therapeutic effectiveness of interferential therapy. Scientific evidence is minimal, or conflicting, regarding therapeutic benefit. There is lack of high quality peer review scientific medical literature using large clinical trials to support the medical effectiveness of these devices.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.
- AHCPR – AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES.
- DWC – DIVISION OF WORKERS’ COMPENSATION POLICIES OR GUIDELINES.
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN.
- INTERQUAL CRITERIA.
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS.
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES.
- MILLIMAN CARE GUIDELINES.
- ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Official Disability Guidelines, Treatment Index, 5th Edition, 2006/2007, Cervical Tens.

Not recommended. A TENS unit is a small battery-operated device worn by the patient. It provides continuous pulses of electricity by way of surface electrodes. Presumably, TENS produces a counter-stimulation of the nervous system, which can modify pain perception. The therapeutic objective of TENS in patients with back problems is to provide symptomatic pain relief. There is inconclusive evidence of the efficacy of TENS in patients with back problems. For other conditions, see the Pain Chapter. ([Gross-Cochrane, 2002](#)) ([Aker, 1999](#)) ([Bigos, 1999](#)) **The current evidence on TENS is either lacking, limited, or conflicting.** Alternating electrical current (AC) or modulated DC (so called Galvanic stimulation), mostly in the form of rectangular impulses, is intended to be effective by inhibiting pain related potentials on the spinal and supraspinal level, known as “gate control.” This underpins all classic forms of stimulating electrotherapy (e.g., Diadynamic current), as well as the modern form called TENS. While Galvanic current efficacy is restricted to the area of current flow, analgesic effects of TENS may be observed in the whole segmental region, both ipsilateral and contralateral. ([Kroeling-Cochrane, 2005](#))

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

Policy regarding Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices.

Devices used in interferential therapy (such as RS-4i®) to provide relief of pain associated with soft tissue injury, musculoskeletal disorders, or in enhancing wound and fracture healing are considered **investigational/not medically necessary**.

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.
