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**IRO REVIEWER REPORT TEMPLATE –WC**

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**DATE OF REVIEW:**

03/09/2007

Amended 03/20/2007 with addition of URA information under SENT TO

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Purchase of RS4i unit with supplies.

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

Doctor of Osteopathy, Boarded in Anesthesiology, Specializing in Pain Management

**REVIEW OUTCOME**

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Purchase of the RS4i stimulator and supplies is not medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Case Report dated
- Referral dated 02/27/07
- DWC-62: Explanation of Review for Service Dates of 11/21/06 through 11/21/06
- Letter dated 02/22/07 from Claims Representative
- Texas Department of Insurance: Notice to Case Assignment dated 02/21/07
- Letter dated 02/20/07
- Request For A Review By An Independent Review Organization dated 02/01/07
- Letter dated 01/18/07 from M.D.
- Letter dated 01/05/07 from LPN
- M.D.: Letters dated 12/19/06, 04/15/05
- M.D.: Report dated 08/21/06
- PA-C: Return Office Visit note dated 04/12/06
- Rental/Purchase Agreement dated 01/02/06
- Prescriptions dated 12/19/05, 04/27/05, 04/15/05, 01/14/05 and one undated

- MRI left shoulder dated 06/21/05
- Letter dated 06/17/05 from M.D.
- Request for Authorization dated 06/14/05
- M.D.: Peer Review dated 06/08/05
- Patient Progress Reports dated 05/21/05, 03/10/05, 02/11/05
- M.D.: Office Note dated 04/15/05
- Lumbar myelogram with post myelogram CT of the lumbar spine dated 06/21/04
- Letters dated 05/21/04, 05/05/99
- M.D.: Follow Up Visit notes dated 01/09/03 through 12/22/06
- Physician Advisor Review dated 11/19/02 from R.N.
- Letter dated 11/16/02 from M.D.
- EMG/Nerve Conduction Study Report dated 12/14/01 from M.D.
- M.D.: History and Physical dated 11/13/01
- Daily Progress Note dated 09/27 and 10/01/01
- Initial Evaluations dated 09/28/01, 09/18/98 from P.T.
- Prescriptions for Rehabilitation Services dated 09/26/01, 08/30/00, 12/03/97, 11/20/97
- Ph.D: Psychology Initial Evaluation dated 02/05/01
- History and Physical Exam dated 01/16/01 from M.D.
- Price List effective January 2001
- Handwritten form note with Rental Start Date of 10/27/00 (at top)
- Prescription notes dated 10/25/00, 01/24/00
- Physician's Statement of Medical Necessity dated 10/17/00
- Letter dated 09/11/00 from P.T.
- Patient Agreement dated 09/06/00
- Functional Capacity Evaluation Report dated 09/05/00
- Letter dated 09/01/00 from Insurance Coordinator
- Office Visit notes dated 08/28/00, 07/26/00, 06/09/00 from M.D.
- Therapy Progress Reports dated 07/26/00, 11/19/97
- Progress Note dated 07/13/00 from PT-ATC
- Work Hardening Case Conference dated 06/16/00 from P.T.
- Initial Evaluation dated 06/12/00 from PT
- Written Confirmation of an Order dated 04/20/00
- M.D.: Office Visit note dated 04/07/00
- Report dated 03/01/00
- Report dated 01/13/00 from M.D.
- Quick Peer Review dated 07/06/99 from M.D.
- Ph.D.: Psychology Progress Notes dated 05/17/99 through 04/25/01
- Letters dated 01/04/01, 12/02/99 from M.D.
- Operative Report dated 03/01/00 from M.D.
- Letter dated 08/02/99 from Specialist
- Ph.D: Evaluation Program with dates of treatment 03/22/99 through 03/24/99
- Discharge Summary dated 10/30/98 from P.T.
- Patient Authorizations dated 10/21/98

- Handwritten report dated 10/21/98
- Progress Notes dated 10/14/98, 10/05/98 from P.T.
- Handwritten therapy notes dated 09/18/98 through 10/14/98 (Patient Name: at top)
- M.D.: Report dated 06/26/98
- DWC: Report of Medical Evaluation dated 06/26/98, 03/13/98, 01/07/98
- Letter dated 05/21/98
- Report dated 04/07/98 from Dr.
- M.D.: Independent Medical Evaluation report dated 03/13/98
- M.D.: Letter dated 01/30/98
- Letter dated 12/15/97 from PT
- MD: Impairment Rating Measurements cover letter dated 12/10/97
- Report signed 12/10/97 from P.T.
- Patient Summary dated 12/09/97 from P.T.
- Functional Capacity Evaluation Report dated 12/09/97
- Reevaluation dated 11/12/97 from P.T.
- Initial Evaluation dated 10/13/97 from P.T.
- Operative Report dated 08/25/97 from M.D.
- Spine lumbar radiographs dated 08/25/97, chest PA and lateral dated 08/24/97
- Preliminary Report of the chest (PA and lateral) dated 08/24/97
- Letters dated 07/18/97 through 12/02/99 from M.D.
- Letter dated 06/20/97 from M.D.
- Office Visit Follow-Up dated 10/23/96 from M.D.
- Physical Therapy Progress Note dated 10/21/96 from PT
- Handwritten doctor's notes dated 10/07/96 through 10/21/96
- Physical Therapy Treatment Plan dated 10/04/96 from PT
- Physician's Summary New Patient Evaluation dated 09/05/96 from M.D.
- Treatment Orders dated 09/05/96
- Undated Form for Requesting A Review B An Independent Review Organization, with attachments
- Undated article entitled, "Relieve pain and restore muscle function"
- Undated article entitled, "RS-4I Features – Benefits"
- Undated Confirmation of Authorization of Payment
- Undated Request for Pre-Authorization

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a obese male and two subsequent lumbar surgeries. The injured individual is taking Ultram, Zanaflex, Lexapro, and Topamax. He has had injections, physical therapy (PT), and the stimulator for a while. He is working full time. While he is claiming positive response to the unit, the literature continues to indicate it is of unproven efficacy and in his case, its usage has not allowed him to wean off any of his current medications.

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

The use of any form of electrical stimulation and of interferential stimulation (which is what this unit is) has no proven efficacy per the literature due to a lack of well done, long term, randomized clinical trials. Interferential stimulation has no more proven benefit than a more simple TENS unit per the research. It is also not approved by Medicare except for a diagnosis of non-neurologic disuse muscle atrophy and that is not documented or a diagnosis in this case.

**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**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

- Arch Phys Med Rehab Sept 2003;85(9):1387-94 Johnson MI.
- Clin Physiol Funct Imaging Sept 2002;22(5):339-347 Minder PM.
- Clin Physiol 2001;21:704-11 Alves-Guerro et al.