



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 5/8/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of the purchase of an RS4i interferential and muscle stim monitoring unit for low back pain.

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

The reviewer is a Medical Doctor who is board certified in Anesthesia and Pain Management with greater than 15 years of experience.

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 reviewer agrees with the previous adverse determination regarding the purchase of an RS4i interferential and muscle stim monitoring unit.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Letters

Records from Carrier: Insurance Carrier's statement; TWCC49 report; Designated Doctor Examination-Dr.; notes; Determination from; Letters.
Records from Doctor: prescriptions and usage reports; Notes.

PATIENT CLINICAL HISTORY [SUMMARY]:

This man was injured while working near a conveyor belt. He sustained an injury to his lower back. He has had physical therapy x 30 session, Epidural steroid injections, anterior lumbar fusion @ L5-S1, posterior lumbar decompression posterolateral fusion and pedicle screws. He has been using an RS4i for several weeks.

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

The reviewer states that the RS4i stimulator cannot be recommended as medically necessary as there is lack of proof in peer-reviewed literature, supporting that neuromuscular electrical stimulators are effective at providing long-term relief of pain. ACOEM Guidelines, Chapter 12, page 300

It is also noted in the medical literature there is no documentation of proven efficacy of this particular device. This statement is supported by Glaser, J.A.: Electrical Muscle Stimulation as an Adjunct to Exercise and Therapy in the Treatment of Non-acute Low Back Pain; A Randomized Trial. "Journal of Pain," 2001; 2:295-300 and by Wheeler, A.H.: Electrical Muscle Stimulation: Portable Electrotherapy for Neck and Low Back Pain: Patient Satisfaction and Self Care. "AMJ of Pain Management," 1997; 7: 92-97.

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**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
 - Glaser, J.A.: Electrical Muscle Stimulation as an Adjunct to Exercise and Therapy in the Treatment of Non-acute Low Back Pain; A Randomized Trial. "Journal of Pain," 2001; 2:295-300
 - Wheeler, A.H.: Electrical Muscle Stimulation: Portable Electrotherapy for Neck and Low Back Pain: Patient Satisfaction and Self Care. "AMJ of Pain Management," 1997; 7: 92-97.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**