

# I-Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/31/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

DME Power Wheelchair, DME Gallon Bio-Freeze Gel A4260

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training Physical Medicine and Rehabilitation and Orthopaedic Surgery

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines and Treatment Guidelines  
Adverse Determination Letters, 5/21/09, 6/23/09  
Attorney at Law, 8/11/09  
MD, 4/17/09, 3/3/09, 3/19/09, 5/12/09, 7/17/09  
MD, 6/3/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xx year old woman reportedly injuring her back in xx/xx. She underwent a laminectomy on 8/15/07 from L4 to S1 for back pain and radiculopathy. She had continuing pain. The repeat MRI done on 3/09 reportedly showed some left sided lateral epidural fibrosis at L4/L5 at the prior laminectomy with a central bulge at L3/4 and protrusions at L5/S1. She reportedly has bilateral symptoms with a left foot drop and some weakness in the left hip flexors. Records indicate she cannot walk more than 30 feet with a walker due to pain. She has a wheelchair but requires someone to push her due to a neuropathy. The examinations

described the left foot drop, but no atrophy or asymmetrical reflexes. The records report that she is “unable to get very far using upper extremities, has to have someone push her in the wheelchair...Has found Biofreeze to be invaluable in reducing her pain and her need for oral medications.”

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The reviewer found no documentation of a peripheral neuropathy. Dr. review described an electrodiagnostic study in 2007 that showed the left L5/S1 radiculopathy. There is a note about possible entrapment of the lateral femoral cutaneous nerve, but this describes a sensory and not a motor problem. The records provided do not explain why she cannot walk with a walker nor propel a wheelchair. There was nothing provided in the records to substantiate the neuropathy or any severe cardiac or pulmonary disorder, or upper extremity neuromuscular disorder to prevent her from operating a wheelchair, or a walker. The patient does not meet ODG criteria nor the more stringent CMS criteria. Bio-Freeze is a topical agent with no documented evidence of efficacy. The Biofreeze website describes it as a menthol and a topical agent of herbs. Some herbal topical agents are approved for short term use of muscle pain, however, Biofreeze is not listed among the approved herbal agents. The reviewer finds that medical necessity does not exist for DME Power Wheelchair, DME Gallon Bio-Freeze Gel A4260.

#### Power mobility devices (PMDs)

Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. (CMS, 2006) Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. See also Immobilization.

#### Herbal medicine

Recommended as indicated below.

Short-term treatments with certain herbal medicines (including Devil's claw and willow bark) are effective for relief of acute low back pain, according to the results of a Cochrane review reported in the January 2007 issue of *Spine*. A variety of herbal medicines have been used for nonspecific low back pain, but quality evidence is available for only 3 categories: oral *Harpagophytum procumbens* (Devil's claw), oral *Salix alba* (White willow bark), and topical *Capsicum frutescens* (Cayenne). There is moderate evidence that 50 to 100 mg of harpagoside (*H. procumbens*) and 120 to 240 mg of salicin (*S. alba*) are useful in the treatment of acute nonspecific low back pain in the short term and limited evidence for efficacy of topical *C. frutescens*. With herbal medications there are potential concerns for quality of preparations. (Gagnier, 2007) Herbal therapies, such as devil's claw, willow bark, and capsicum, seem to be safe options for acute exacerbations of chronic low back pain, but benefits range from small to moderate. In addition, many of the published trials were led by the same investigator, which could limit applicability of findings to other settings. (Chou, 2007) Topical treatment with comfrey root extract can markedly reduce acute upper and lower back pain, according a recent RCT. Comfrey, a medicinal herb, has long been used to treat painful joint and muscular conditions, and the root of the plant, in particular, has shown promise in reducing pain. In this study researchers used a visual analogue scale to assess back pain in 120 patients who were randomized to apply 4 g of comfrey root extract ointment or placebo ointment three times daily for 5 days. Between the first and fourth (final) follow-up assessment, pain intensity dropped by 95% in the comfrey root extract group, while a drop of 39% was seen in the placebo group. Moreover, the pain relief seen with the extract usually began in under an hour. (Giannetti, 2009) See also the Pain Chapter.

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

- ACOEM-AMERICA 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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)