

NOTICE OF INDEPENDENT REVIEW DECISION

August 12, 2003

RE: MDR Tracking #: M2-03-1500-01  
IRO Certificate #: IRO 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient injured her back on \_\_\_ when she fell at work and landed on her buttocks. A lumbar MRI dated 11/23/02 revealed moderate disc herniation at L5-S1. Conservative care has included muscle relaxants, anti-inflammatories, narcotics, physical therapy, and lumbar epidural steroid injections.

Requested Service(s)

Purchase of an R54i sequential 4-channel combination interferential and muscle stimulator unit

Decision

It is determined that the proposed purchase of an R54i sequential 4-channel combination interferential and muscle stimulator unit is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The \_\_\_ found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (e.g., thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. (*Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain*". Physical Therapy. 2001;81:1641-1674).

\_\_\_ et al examined the effectiveness of transcutaneous electrical nerve stimulation (TENS), a program of stretching exercises, or a combination of both for low back pain. Patients with chronic low back pain (median duration, 4.1 years) were randomly assigned to receive treatment with TENS, sham TENS, TENS plus a program of exercises, or sham TENS plus exercises. After one month no clinically or statistically significant treatment effect of TENS was found on any of 11 indicators of outcome measuring pain, function, and back

flexion; there was no interactive effect of TENS with exercise. By contrast, after one month, patients in the exercise groups had significant improvement in self-rated pain scores, reduction in the frequency of pain, and greater levels of activity as compared with patients in the groups that did not exercise. The authors concluded that for patients with chronic low back pain, treatment with TENS is no more effective than treatment with a placebo, and TENS adds no apparent benefit to that of exercise alone (\_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, and \_\_\_\_\_. "A controlled trial of transcutaneous electrical nerve stimulation (TENS) and exercise for chronic low back pain. *N Engl J Med* 1990 Jun 7;322(23):1627-34).

\_\_\_\_ et al conducted a systematic review to determine the efficacy of TENS in the treatment of chronic low back pain (LBP). The study examined five trials comparing active TENS and placebo sham-TENS. There were no statistically significant differences between the active TENS group when compared to the placebo TENS group for any outcome measures. Subgroup analysis performed on TENS application and methodological quality did not demonstrate a significant statistical difference. The reviewers concluded that the results of the meta-analysis presented no evidence to support the use of TENS in the treatment of chronic LBP (\_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, and \_\_\_\_\_. *Transcutaneous electrical nerve stimulation (TENS) for chronic low back pain (Cochrane Review)*. *Cochrane Database Syst Rev* 2001;2:CD003008)

Therefore, it is determined that the proposed purchase of an R54i sequential 4-channel combination interferential and muscle stimulator unit is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 12 <sup>th</sup> day of August 2003.
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