

April 15, 2004

Re: MDR #: M2-04-0949-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician certified in Chiropractic Medicine.

## **REVIEWER'S REPORT**

### **Information Provided for Review:**

Correspondence  
History & Physical exam and office notes  
Physical therapy notes  
Nerve conduction study  
Operative and Radiology reports

### **Clinical History:**

Patient underwent physical medicine treatments, EMG/NCV testing and cervical spine surgery after a fall at work on \_\_\_\_.

### **Disputed Services:**

Purchase of interferential muscle stimulator

### **Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that purchase of an interferential muscle stimulator is not medically necessary in this case.

**Rationale:**

No medical records were supplied in this case to document that the home unit offered any benefit or that continued use of the home unit would offer additional benefit. The medical records contained no documentation that the stimulator relieved the patient's symptoms or improved his ranges of motion.

Although the treating doctor, in his letter of December 17, 2003, opined that the patient had progressed by using the unit, his comments were essentially verbatim from letters signed by other doctors who have requested approval for this device. Therefore, his letter was not specific to this particular patient and thus had no bearing to the patient's true clinical picture. Based on the above, the unit is not medically necessary.

**Additional Comments:**

Interferential muscle stimulation has been shown to relieve chronic pain, reduce muscle spasm, prevent disuse muscle atrophy, increase local blood circulation and help increase ranges of motion.<sup>1</sup> Therefore, the reviewer does not concur with the carrier in categorizing the treatment as an "investigational or experimental service or device."

The reviewer also does not concur with the other carrier's reviewer who used the "Philadelphia Panel of Physical Therapy" as a basis for disapproval. First, the study<sup>2</sup> makes no mention of interferential – only electrical stimulation (but no mention of the particular type of electrical stimulation). Therefore, the study is not germane to the question of medical necessity in regard to the item in question that supplies muscle stimulation and interferential. Second, the study admits that others disagree with their conclusions by stating on page 1650, "In contrast, both QTF (Quebec Task Force) and BMJ (British Medical Journal) recommended that rehabilitation specialists use physical interventions at their own discretion to relieve spasm; reduce inflammation and pain; increase strength, ROM, and endurance; and improve functional status." Third, the study only concluded (page 1661) that there was "a lack of evidence to include or exclude" electrical stimulation. No position was taken on the wide array of beneficial modalities in this same category including "thermotherapy, therapeutic massage, EMG biofeedback, mechanical traction, therapeutic ultrasound, TENS, electrical stimulation, and combined rehabilitation interventions in the daily practice of physical rehabilitation." Therefore, this study is not relevant to the medical necessity of this particular item.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission.

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<sup>1</sup> Glaser, JA, et al. Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non-acute Low Back Pain: A Randomized Trial. *Journal of Pain* 2001; 2: 295-300

<sup>2</sup> Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Interventions for Low Back Pain

This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©)

**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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

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.

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 April 15, 2004

Sincerely,