

September 30, 2004

MDR Tracking #: M2-05-0003-01
IRO Certificate #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board specialized in Occupational Medicine. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

RECORDS REVIEWED

- TWCC form entitled TABLE OF DISPUTED SERVICES. In dispute is the purchase of an RS4i sequential, four channel combination interferential and muscle stimulator unit.
- Report from ___, dated 12/12/96. These are normal results of NCV/EMG studies of both upper extremities.
- Reports from ___, neurosurgeon, ranging from 11/27/96 to 04/25/03. ___ underwent surgery on 12/26/96 by ___. She had an anterior cervical discectomy and anterior cervical fusion at C5-C6.
- Reports from ___, ranging from 12/12/96 to 07/21/04. The report of 06/23/97 is an Impairment Report. The report states that ___ reached MMI and was given ten percent (10%) whole person impairment.
- Report from ___, dated 05/09/97.
- Report from ___, dated 09/05/97. This is a Designated Doctor report by ___. The report states that ___ reached MMI and was given sixteen percent (16%) whole person impairment.
- Reports ___, ranging from 09/10/97 to 11/22/02.
- Report from ___, dated 11/09/01.
- Reports from ___, dated 06/27/02 and 02/07/02.
- Reports from ___, ranging from 01/08/03 to 08/12/04. The report of 08/06/04 shows that the recommendations by ___ is for cervical spine fusion.
- Reports from ___, ranging from 01/08/03 to 07/14/03.
- Reports from ___, ___, ranging from 02/05/03 to 07/21/04. The report of 06/22/04 shows that ___ states that ___ is totally and permanently disabled from doing any type of work whatsoever. Surgery to the cervical spine is indicated.

- Report from ___, ___, dated 05/02/03.
- Reports from ___, dated 07/01/03 and 02/03/04. The report of 02/03/04 shows electromyography to show left C6-C7 radiculopathy.
- Reports from ___, ___, ranging 08/21/03 to 01/20/04.
- Report from ___, ___, dated 08/27/03.
- Report from ___, dated 09/03/03.
- Report from ___, ___, dated 09/17/03.
- Reports from ___ regarding the use of the interferential and muscle stimulator unit. There are questions with responses from 03/25/04 and 04/29/04 compared. Comparing the responses from these two dates shows there is not much difference in the responses. Since the prescription for the interferential and muscle stimulator, for use of two months, was dated 03/25/04, and the prescription for an indefinite use of the interferential and muscle stimulator was made on what appears to be 05/14/04 or 05/19/04, it appears that the use of the interferential and muscle stimulator by 04/29/04 had not offered much relief.
- Report from ___, dated 06/24/04. He states that ___ reached statutory MMI on 11/08/03 and gave her five percent (5%) whole person impairment based on the fourth edition of the AMA Guides.
- Initial Functional Capacity Evaluation (FCE) from ___, dated 07/04/04.
- Reports from ___, dated 07/09/04 and 07/24/04.
- Report from ___, dated 07/13/04.
- Independent Review Organization Summary from ___ dated 09/14/04.
- There is no other medical information available for me to review.

CLINICAL HISTORY

___'s brief clinical history is obtained mainly from ___'s report of 06/24/04.

___ sustained a work injury on ___ while working with ___. She was trying to loosen a roll of meat from a display case, which involved lots of twisting and turning at the neck. She had sudden onset of pain radiating to the left arm. The pain was persistent and severe that day. She presented to ___. X-rays were done and she was started on physical therapy.

She was referred to ___. Her past medical history is significant for anterior cervical fusion at C5-C6 level in 1995. This was performed by ___. ___ proceeded with NCV/EMG studies of the upper extremities, which were unremarkable.

She obtained second opinions from ___, ___, and ___. She underwent physical therapy, was prescribed medications, and underwent epidural steroid injections. This gave her only short term relief.

At the time of ___'s evaluation, surgery was contemplated for June 2004 for a multilevel fusion from C2 through C7 to stabilize multiple level disc disease and discogenic pain.

REQUESTED SERVICE

The purchase of an RS4i sequential, four channel combination interferential and muscle stimulator unit is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The note from ___, dated 08/06/04, shows that his recommendation is for a cervical spine fusion. His note of 06/17/04 shows that ___ is still on medications, including Vioxx, Vicodin ES, Soma, Actiq, Lexapro, and Remeron SolTabs. Therefore, it appears that ___ is a candidate for surgery. Furthermore the interferential and muscle stimulator has not decreased or eliminated the use of the medications.

Information from ___, comparing answers to questions from 03/25/04 and 04/29/04 shows that the answers to most of the questions on 04/29/04 did not differ from the answers given on 03/25/04, at which time a prescription for use of an interferential and muscle stimulator unit was requested for two months.

Furthermore, there are no peer review studies indicating the efficacy of the use of an interferential and muscle stimulator.

Even though there is a study published in The Journal of Pain, Vol. 2, No. 5 (October), 2001: pp 295-300, entitled Electrical Muscle Stimulation as Adjunct to Exercise Therapy in the Treatment of Non-acute Low Back Pain, A Randomized Trial, the study sample was small, and the electrical stimulation appeared to have been discontinued after two months.

Therefore, because of the above information, it is my opinion that there is no documentation to support the medical necessity of the proposed purchase of the RS4i sequential four-channel combination interferential and muscle stimulator unit.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to 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** (ten) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 30th day of September, 2004.