

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Pre-Authorization IRO Denial Notification Letter

Date: December 17, 2004.  
Injured Employee:  
MDR #: M2-05-0092-01  
TWCC #  
MCMC Certification #: 5294

Requested Service: Purchase of an RS4i Sequential Stimulator four channel combination interferential and muscle stimulator unit.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 12/17/2004 concerning the medical necessity of the above requested service is hereby Denied based on:

- \*NOTIFICATION OF IRO ASSIGNMENT, 09/24/2004
- \*Medical Dispute Resolution Request/Response, dated 09/13/2004
- \*Zurich Services Corp. Managed Care Non Certified Notice dated 07/13/2004
- \*Zurich Services Corp. Managed Care Reconsideration Non Certified Notice dated 08/02/2004

After review of the submitted documentation and consistent with standards of care and practice within the profession of Pain Management Physicians, as well as based on reasonably expected clinical outcomes, this reviewer is in agreement with the previous denial.

The injured individual is a 43-year-old male with DOI of \_\_\_\_\_. No diagnosis has been provided. He has used the RS-4i stimulator for the past few months with no indication of usage amount or impact on his condition.

Based on the literature, which does not document proven efficacy of this unit, it is denied due to a lack of necessity. The evidence of efficacy of this type of treatment in the medical literature not supportive. Ref #1 states 50% of the patients in the study dropped out prior to completion, which questions the results of the study. Ref #2 states: "despite deficient support from sound research data..." which indicates studies on this are minimal. Ref #3 indicates interferential therapy is completely ineffective while Ref #4 summarizes that it is comparable to a TENS unit at best.

## REFERENCES:

1. Journal of Pain Oct 2001;2(5):295-300 "Electrical muscle stimulation as an adjunct to exercise therapy in the tx of nonacute low back pain: a randomized trial." Glaser JA.
2. Am J of Pain Management 1997;7:92-97 "Electrical Muscle Stimulation: portable electrotherapy for neck and low back pain: patient satisfaction and self-care." Wheeler, AH.
3. Clin Physiol 2001;21:704-11 "The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold" Alves-Guerro.
4. Ann Rheum Dis 1999;58:530-40 "No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomized controlled trial" van der Heijden et al.

The injured individual is a 43-year-old male with an unknown diagnosis. His prior treatment history is unknown. He has had the stimulator since at least 07/2004 as purchase was requested then. There are no notes provided to support rationale for purchase.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

The reviewing provider is a Board Certified Anesthesiologist and certifies that no known conflict of interest exists between the reviewing physician and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

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

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

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

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

**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**

**20   day of   December   2004.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_