



Specialty Independent Review Organization, Inc.

November 8, 2004

Hilda Baker  
TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
TWCC #:  
MDR Tracking #: M2-05-0235-01  
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty 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.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

Sixty eight year old male working as a stock clerk at AMR states that he injured his back while lifting heavy boxes at work on \_\_\_\_\_. He initially sustained only right groin pain, but this progressed to right leg pain and eventually back pain.

The review consisted of Nydic – MRI, Texas Back Institute 4-8-04, 4-13-04, 6-8-04, 7-8-04, 9-24-04, Hartford Group Denial 9-1-04, Patient letter 9-6-04, RS Medical 9-13-04, Premier Electro-therapy 10-20-04 and Dr. F MMI Report.

During the first four weeks after the injury, he received treatment from Dr. R at American Airlines, which included exercises and muscle stimulation. During that time, he was on light

duty. When he failed to improve, he was taken off work. He has also been seen by Dr. H who prescribed physical therapy.

The MRI of 3-24-04 shows mild-moderate central spinal stenosis, left recess narrowing L4-5, a left PNP and moderate degenerative disc disease multi level.

In addition to physical therapy and exercises, patient received an epidural injection 5-24-04 and on Dr. F's examination of 8-12-04 patient describes his pain as moderately severe.

There is some confusion in the letter from Texas Back Institute 9-24-04 stating: "I also reviewed the EMG which does support Lyndell's complaints after all, even though the MRI kept saying left, the EMG does support a right S1 radiculopathy."

Texas Back Institute letter of 7-8-04 states: "The home stimulator has been of good benefit. I reviewed his patient health survey as well as the usage report from RS-Medical. He has been using the unit every day, twice per day. He noted in his survey that it has been of extreme benefit in controlling the level of his pain and is a good alternative to pain medications."

#### REQUESTED SERVICE

The item in dispute is the prospective medical necessity the proposed purchase of an RS4i sequential, 4 channel combination interferential and muscle stimulator.

#### DECISION

The reviewer disagrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The RS-4i Stimulator is not a TENS unit, it provides interferential current (IF) to address the treatment goal of pain relief/management and muscle stimulation (NMES) to address the treatment goal of muscle rehabilitation. Unlike a TENS, this device is specifically cleared for the following: acute and chronic pain, relaxation of muscle spasms, prevention or retardation of disuse atrophy, maintenance or increase in range of motion, increase in local blood circulation, and muscle re-education.

References: Bucholz – Orthopedic Decision Making 2<sup>nd</sup> Ed, Pain Physician 2001, ACOEM Guidelines 1997, RS Medical Inc, 2004.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the

requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,

### **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.

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

In the case of other *prospective (preauthorization) medical necessity* disputes 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 a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

**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**  
**8<sup>th</sup>** \_\_\_\_\_ **day of** **November** \_\_\_\_\_, **20 04** \_\_\_\_\_

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:**