

MCMC

IRO Medical Dispute Resolution M2 Prospective (Pre-Authorization or Concurrent Rev.) IRO Certified/Denial Notification Letter

Date: 12/21/2004
Injured Employee:
MDR #: M2-05-0236-01
TWCC #
MCMC Certification # 5294

Requested Services:

Please review the item in dispute regarding to please address prospective medical necessity of the proposed purchase of an RS4i sequential, 4 channel combination interferential and muscle stimulator, regarding the above mentioned injured worker.

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 an RS4i sequential, 4 channel combination interferential and muscle stimulator

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 10/18/2004 concerning the medical necessity of an RS4i sequential, 4-channel combination interferential and muscle stimulator is hereby denied based on:

- *TWCC referral form
- *Medical Dispute Resolution Request
- *RS medical Prescription dated 08/24/2004, 08/17/2004, 08/13/2004, 06/15/2004, 08/10/2004
- *5 pgs Standard Appeal and Reconsideration
- *Follow up visit dated 03/20/2001, 02/21/2001, 01/23/2001, 01/07/2002, 02/11/2002, 03/13/2002
- *Concentra Determination letter dated 03/27/2001, 08/08/2001
- *Procedure note dated 01/10/2001
- *History and physical dated 11/15/2000, 09/03/2004
- *Office notes date 10/23/2000, 10/17/2000, 09/03/2004
- *Initial Consultation dated 01/02/2001, 03/26/2004
- *Report of Medical Evaluation dated ____, 03/06/2002
- *Response of the Medical Dispute dated 10/12/2004
- *Patient Usage Report dated 06/01/2004, 05/02/2004, 04/06/2004
- *Preauthorization Physician Review Form dated 08/24/2004
- *RS Medical Denial Letter dated 08/17/2004
- *Letter of Medical Necessity dated 06/09/2004
- *Office Note dated 06/09/2004
- *RS-4i Price List
- *Preauthorization Advisor Review Form dated 08/24/2004, 08/11/02
- *3 pgs Muscle Stimulator and TENS

- *5 pgs document from The Journal of Pain "Electrical Muscle Stimulation"
- *Radiology Service Report dated 03/16/2004, 04/06/2004, 09/28/02
- *Follow up office visit notes dated 08/27/2004, 11/24/2003, 02/21/2001, 01/23/2001, 11/30/2001, 09/04/2001, 05/29/2001, 07/26/2001, 11/15/2000, 12/19/2000, 04/24/2001, 05/29/2001
- *TWCC Work Status Report dated 08/27/2004, 03/01/2004, 11/24/2003, 09/03/2003, 02/07/2003, 10/03/2003
- *RS Medical Purchase Agreement dated 04/06/2004
- *6 pgs retrospective medical record review document dated 07/29/2003
- *Report of DD Exam dated 09/13/2002
- *Report of Medical Evaluation dated 03/06/2002
- *Employer's First Report of Injury dated 10/24/2000
- *Activity Report dated 07/10/2001
- *Activity Report dated 11/15/2001
- *Initial Evaluation 08/06/2001
- *Procedure note dated 05/07/2001, 01/10/2001, 06/21/2001, 02/05/2001, 02/07/2001
- *Intraoperative Monitoring summary dated 10/31/2001
- *Operative Report dated 10/31/2001
- *Preoperative Evaluation Program dated 08/15/2001

This 50 year-old male has lumbar FBSS and associated muscle spasms. As of 03/01/2004, the injured individual was taking vicodin three times a day and skelaxin. He was then prescribed an RS4i stimulator, which he used through 09/2004. Dr. S wrote a request letter dated 06/09/2004, which states the injured individual uses the unit daily and it has decreased his pain level. The notes of 08/2004 and 09/2004 indicate he still requires the same amount of pain medications; no pain levels are mentioned in any note. More importantly, his computerized usage chart indicating compliance with the RS4i stimulator clearly shows sporadic usage from 04/2004 through 06/2004 with associated diminishing length of usage as well. The injured individual skips multiple days, up to almost a week of nonusage at one time. The purchase is denied because the injured individual is not compliant with this piece of equipment, is using it sporadically and for minimal time periods (15 minutes in most cases in the last month), and it has not impacted at all on his pain medication requirements. Based on the literature which does not document proven efficacy of this unit, it is also denied due to a lack of necessity. 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.

This 50 year-old male has a date of injury ____, which led to a L5/S1 fusion. The injured individual has had ESI's and median branch blocks with no relief.

He has been on vicodin and skelaxin since 03/2004 and these medications have not decreased despite the addition of the RS4i stimulator. No note lists a pain score, but every note states the injured individual has ongoing back and leg pain despite using the RS4i stimulator. The injured individual has had a sporadic usage history with this unit dating back to 04/2004; he has skipped multiple days and has decreased his usage time from 90 minutes to 15. It does not appear that the stimulator is helping him or that he is using it as directed so its purchase is not warranted. The stimulator is also not recommended since it is an unproven treatment regimen according to the literature.

REFERENCES:

1. Journal of Pain Oct 2001;2(5):295-300 "Electrical muscle stimulation as an adjunct to exercise therapy in the treatment 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.

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 Anesthesiologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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

22 day of December 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____