

November 2, 2004

ROSALINDA LOPEZ/GAIL  
TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0240-01

CLIENT TRACKING NUMBER: M2-05-0240-01/5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

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MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

Records from the State:

Notification of IRO Assignment, 10/18/04  
Receipt of MDR request, 10/18/04  
MDR Resolution/request/response  
Table of Disputed Services  
Letter from RS Medical, 10/1/04  
RS Medical Patient File Diary  
Shorman Adverse Determination letter and file copy, 8/13/04  
Standard Reconsideration and Appeal Procedure  
Preauthorization Physician Review form, 8/23/04  
Preauthorization advisor review form, 8/17/04

Records from Requestor and Respondent

Followup visit notes 4/10/04, 6/18/04, 7/15/04, 8/29/03, 10/29/03, 6/27/03, 4/25/03, 5/24/02.  
2/15/02, 1/14/02, 8/29/01, 4/20/01, 2/19/01, 9/11/02, 3/6/02  
RS Medical Prescription, 4/10/04, 7/15/04  
RS Medical Patient Usage Reports (11 pages)  
AP's letter of medical necessity 7/15/04  
Procedure Reports 2/13/04, 6/18/04, 1/26/04, 1/16/04, 10/13/03, 10/29/03, 7/23/03, 7/4/02  
RS-4i brochure

Letter from Dr. C, MD, undated  
Letter from Texas Spine & Joint, 6/17/04  
Letter from Shorman, 11/7/03  
Precertification request, Texas Spine & Joint Hospital, 6/17/04  
Bill, Texas Spine and Joint Hospital, 2/13/04  
Explanation of Benefits  
Radiology report, 4/23/04  
TWCC Work Status Report 1/16/04, 10/29/03, 4/25/03, 3/11/03  
DDE report (Obermiller), 1/16/04  
Handwritten Physical Therapy Daily Progress Notes  
Letter from Dr. C, MD, 9/9/03  
Post Facet Injection Instructions, 8/27/03  
Required Medical Examination, 3/11/03; addendums, 3/12/03, 4/8/03  
Disability letter, Dr. C, MD, 4/25/03  
FCE report 4/1/03  
Reports of Operation 10/17/02, 3/1/01  
Report of L-spine films 10/18/02  
Memorial Hospital E.R. record  
CT report 2/15/02  
Physical Therapy Evaluation 4/20/01

**Summary of Treatment/Case History:**

The claimant is a 42 year old gentleman who allegedly suffered a workplace injury on \_\_\_\_\_. Subsequently he developed low back pain and underwent an L4–5 fusion on 3/1/01 and a subsequent hardware removal on 10/17/02. He continued to have pain and underwent facet joint injections and blocks followed by radiofrequency facet joint denervation. None of this has been effective in causing permanent resolution of his pain. He has apparently used an RS–4i stimulator for several months and is reported as having had some pain relief from it.

**Questions for Review:**

1. Please address medical necessity of the proposed purchase of an RS4i sequential, 4 channel combination interferential and muscle stimulator, regarding the above–mentioned injured worker.

**Explanation of Findings:**

Published studies report varying degrees of efficacy for interferential current stimulation (IFCS) in the treatment of chronic pain. Some studies indicate that IFCS is completely ineffective {e.g. Alves–Guerrero (2001); Minder (2002); Taylor (1987); Der Heijden (1999)} and some show it to have an efficacy comparable to that of TENS (transcutaneous electrical nerve stimulation), at best {e.g. Johnson and Tabasam (2003); Palmer, ST (1999)}. A placebo–controlled study of the use of interferential stimulation in postoperative pain {Jarit, 2003} did find some beneficial effect, but this was not compared with TENS treatment. There is some evidence in the published literature of marginal benefit from muscular stimulation {e.g. Glaser (2001)}, but this is not sufficiently clear and significant to warrant the purchase of this expensive unit. The RS–4i interferential/muscular stimulator is an expensive, proprietary device, which offers no apparent advantages over cheaper TENS units, and therefore should not be approved because of lack of evidence of specific efficacy for the claimant’s chronic pain syndrome. Furthermore, although computer logs showing that the claimant used the rental RS–4i device regularly were submitted, and there is an assertion by the AP that this had helped his pain, there are no substantiating data such as comparative VAS pain scores, objective measures of increased function or evidence of diminished reliance

on oral pain medications as a result of treatment with the RS-4i.. Thus there is no evidence that the RS-4i cures or relieves the effects naturally resulting from the compensable injury, promotes recovery, or enhances the ability of the employee to return to or retain employment, as required of medically necessary treatments by the Texas Workers Compensation Commission

**Conclusion – Decision to NOT Certify:**

1. Please address medical necessity of the proposed purchase of an RS4i sequential, 4 channel combination interferential and muscle stimulator, regarding the above-mentioned injured worker.

The decision is to not certify the purchase of the RS-4i interferential/muscle stimulator.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Texas Definition of Medical Necessity (Texas Labor Code §408.021):

An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:

- 1) Cures or relieves the effects naturally resulting from the compensable injury;
- 2) Promotes recovery, or enhances the ability of the employee to return to or retain employment

**References Used in Support of Decision:**

Jarit, et al. (2003). The effects of home interferential therapy on post-operative pain, edema, and range of motion of the knee. Clin J Sport Med 13:16-20.

Alves-Guerreiro, et al. (2001). The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold. Clin Physiol 21:704-11..

Minder, et al. (2002). Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness. Clin Physiol Funct Imaging 22:339-47..

Taylor, et al. (1987). Effects of interferential current stimulation for treatment of subjects with recurrent jaw pain. Phys Ther 67:346-50..

Van Der Heijden, et al. (1999). No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomised controlled trial. Ann Rheum Dis 58:530-40..

Johnson and Tabasam (2003). An investigation into the analgesic effects of interferential currents and transcutaneous electrical nerve stimulation on experimentally induced ischemic pain in otherwise pain-free volunteers. Phys Ther 83:208-23..

Palmer, et al. (1999). Alteration of interferential current and transcutaneous electrical nerve stimulation frequency: effects on nerve excitation. Arch Phys Med Rehabil 80:1065-71..

Glaser, et al. (2001). Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non a Acute Low Back Pain: A Randomized Trial. The Journal of Pain 2:295-300.

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The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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

#### YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
POB 40669  
Austin, TX 78704-0012

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted

physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: RS Medical  
TPCIGA for Reliance National