

MCMC

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

Date: 12/21/2004
Injured Employee:
MDR #: M2-05-0263-01
TWCC #
MCMC Certification # 5294

Determination: Denied

Requested Services:

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 individual.

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, regarding the above mentioned injured individual.

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 11/02/2004, concerning the medical necessity of an RS4i sequential, 4-channel combination interferential and muscle stimulator, is hereby denied based on:

- *Texas Workers' Compensation Commission Notification of IRO Assignment dated 11/02/2004
- *Texas Mutual Insurance Company Case Summary
- *Texas Mutual Insurance Company letters dated 08/17/2004 and 09/01/2004
- *RS Medical Request for Authorization dated 08/12/2004
- *RS Medical Prescription form
- *Dr. B letter 07/08/2004
- *MD office notes (Dr. B) dated 07/15/2004
- *TWCC-69 Report of Medical Evaluation
- *Medical report (Dr. S) and radiological report dated 12/01/2003
- *MD office note (Dr. M) dated 06/05/2003
- *MD office note (Dr. S, Dr. K) dated 12/04/2004
- *MD office notes (Dr. P) dated 04/19/2004 and 05/10/2004
- *NP note for Dr. B dated 05/14/2004
- *Neurosurgical evaluation (Dr. A) dated 05/06/2004,
- *RS Medical information re: RS Medical RS-4i muscle stimulator, price list and Medical Request for Authorization
- *Article entitled "Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Nonacute Low Back Pain: A Randomized Trial", from The Journal of Pain, Vol 2, No 5 (October), 2001: pp 295-300
- *TWCC Medical Dispute Resolution Request/Response form

There is no medical necessity for proposed purchase of an RS4i sequential, 4 channel combination interferential and muscle stimulator, regarding the above mentioned injured individual.

On 11/24/2004 at 10:00 AM, I spoke with Dr. L's designee, ____, who informed me that the injured individual was no longer being treated at their office. She provided the phone number of the current provider, Dr. B,. On 11/24/2004 at 10:30, I held a case discussion with Dr. B's designee, ____, who faxed additional clinical information.

The injured individual is a 44-year-old male with date of injury of _____. He had a lumbar fusion two years prior. As of 12/2003 when he had an IME he was taking methadone 10 mg 1 to 2 a day and Soma, one or two, four times a day. He began treating with Dr. B in 04/2004. At that time he was taking methadone 20mg 6 times a day, Lorcet for breakthrough, and Soma, two, every six hours with a reported pain score 9/10.

The patient received the RS4i stimulator in 05/2004. Usage reports indicate he used it on eight days only in 05/2004 over a 19 day period and on six days in 06/2004 over a 14 day period. More recent data was not provided. The AP follow-up notes through 10/14/2004 indicate his pain was 8/10 and that he was taking methadone 20mg tid, Neurontin (new), Soma one every six hours, and Lorcet one every six hours. His pain scores and medications had not diminished despite using the muscle stimulator. Also, his usage report indicated poor compliance. For these reasons, the purchase of the stimulator is not warranted. Based on the literature, which does not document proven efficacy of this unit, it is also denied due to a lack of medical necessity. Reference #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.

The patient is a 44-year-old male with a date of injury of _____. The diagnosis is low back pain with history of prior lumbar surgery. The patient had been taking methadone, Lorcet, and Soma when he began using the stimulator. His usage report for two months indicates less than 50% compliance. This unit is designed to be used every day or multiple times a day, which this patient is not doing. His medications have actually increased over the past few months despite using the unit. His pain scores have not diminished appreciably. Based on the increasing number of medications and narcotics he is being prescribed over the past few months with continued complaints of pain at non-decreasing levels, the stimulator is not helping him 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 28 day of December 2004.

Signature of IRO Employee:
 Printed Name of IRO Employee: