

November 11, 2004

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

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0294-01

CLIENT TRACKING NUMBER: M2-05-0294-01 5278

**Records Received:**

MRIOA Conflict of Interest Agreement, 1 page

Records Received from TWCC

Notification of assignment, dated 11/02/04, 1 page

Medical dispute resolution form, dated 11/02/04, 1 page

Medical dispute resolution request/response form, dated 10/19/04, 1 page

List of medical providers, dated 10/22/04, 3 pages

Table of disputed services, 1 page

Letters from Liberty Mutual to RS Medical, dated 08/20/04 and 09/07/04, 2 pages

Duplicate forms, 9 pages

Records Received from RS Medical

RS Medical prescription, dated 06/11/04, 2 pages

RS Medical prescription, dated 07/20/04, 1 page

Letter of medical necessity from Galaxy Health Care Centers-Dr. R, DC, dated 07/26/04, 1 page

Progress note from Galaxy Health Care Centers-Dr. R, DC, dated 07/26/04, 1 page

Letter from \_\_\_ to RS Medical, dated 09/17/04, 1 page

RS Medical - patient usage report, dates of service 06/12/04 - 06/30/04, 2 pages

RS Medical - patient usage report, dates of service 07/01/04 - 07/18/04, 2 pages

RS Medical - patient usage report, dates of service 08/06/04 - 08/30/04, 2 pages

RS Medical - patient usage report, dates of service 09/01/04 - 09/16/04, 2 pages

RS Medical - patient health report, dates of service 06/11/04 - 07/13/04, 1 page

RS Medical - fax confirmation sheet to MRIOA, for medical records, dated 11/04/04, 1 page

Records Received from Liberty Mutual Group

Fax confirmation sheet to MRIOA, dated 11/03/04, 1 page

Letter from Liberty Mutual to TWCC regarding disputed services by RS Medical, dated 10/27/04, 1 page

Peer Review Analysis Case Report by Liberty Mutual, dated 08/20/04 by Dr. N, MD, 3 pages

Peer Review Analysis Case Report by Liberty Mutual, dated 09/07/04 by Dr. K, MD, 3 pages

RS Medical - request for authorization dated 08/11/04, 1 page

Duplicate forms, 7 pages

RS Medical literature on Muscle stimulator & TENS, with Pre auth to Liberty Mutual on 08/11/04, 11 pages

**Summary of Treatment/Case History:**

The claimant is a 56 year old male who sustained a Lumbosacral injury on \_\_\_\_\_. He eventually underwent an L4-5, L5-S1 laminectomy and discectomy in June 2004. Postoperatively, Dr. R provided chiropractic

treatment and the claimant also was provided with an RS-4i Stimulator from 6/12/04-9/16/04. The claimant underwent another "operative procedure" on 7/19/04, but it is unclear from the records provided as to what procedure was performed. The 7/6/04 office notes of Dr. R state that the claimant was "feeling good". The 7/9/04 office visit of Dr. R, states that the claimants range of motion is "adequate".

**Questions for Review:**

1. Please address prospective medical necessity of the proposed purchase of an rs4i sequential, 4 channel combination interferential & muscle stimulator, for the above mentioned injured worker.

**Explanation of Findings:**

1. Please address prospective medical necessity of the proposed purchase of an rs4i sequential, 4 channel combination interferential & muscle stimulator, for the above mentioned injured worker.

**Conclusion/Decision to Not Certify:**

In the records provided by Dr. R there was no complete, current physical examination of the claimant. Specifically, there was no complete range of motion testing in degrees, no motor strength testing, and no neurologic examination. No objective postoperative testing such as MRI's, electrodiagnostic studies, or even x-rays is noted. With a reasonable degree of medical probability and certainty, the claimant's subjective complaints improved as a result of the operative procedure of June 2004 and the normal postoperative recovery period, including the "procedure" of 7/19/04, and not the specific use of any external modalities, such as the RS-4i Stimulator.

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

There is no current Orthopaedic literature which conclusively supports the use of the RS-4i Stimulator in postoperative spine patients over more conservative postoperative modalities and treatment regimens. Studies performed to evaluate the use of the RS-4i Stimulator, including the study listed below, have too few participants to determine, with any accuracy, the true benefit of this external modality over conventional postoperative treatment and modalities including physical therapy, exercise therapy, aquatic therapy, and massage therapy.

**References Used in Support of Decision:**

Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non acute Low Back Pain: A Randomized Trial, The Journal of Pain, Vol 2, No 5 (October), 2001: pp 295-300

Medical Review Institute of America (MRloA) 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 MRloA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRloA 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.

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The physician providing this review is board certified in Orthopedic Surgery. The reviewer also holds additional certifications from the National Board of Medical Examiners, the American Board of Orthopedic Surgery and their state Workers Compensation Commission. Professional Society memberships include the American Society for Laser Medicine and Surgery and the American College of Sports Medicine. The reviewer currently serves as an instructor in the department of surgery, division of orthopedics at a major medical teaching institution as well as participating in private practice. The reviewer has been in active practice since 1975.

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, payer 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 MRloA 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 MRloA 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  
Liberty Mutual Insurance