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NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 15, 2004

Requester/ Respondent Address: TWCC
Attention: Gail Anderson
7551 Metro Center Drive, Suite 100, MS-48
Austin TX 78744-1609

RS Medical
Attn: _____
Fax: 800-929-1930
Phone: 800-462-6875

Weyerhaeuser Co c/o Downs Stanford
Attn: _____
Fax: 214-747-2333
Phone: 214-748-7900

RE: Injured Worker: _____
MDR Tracking #: M2-05-0297-01
IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester

- 03/18/04 RS Medical Prescription form
- 05/10/04 Chart Note

- 05/12/04 RS Medical Prescription form
- 05/12/04 Letter of Medical Necessity
- 08/31/04 RS Medical-Denial of Preauthorization for RS4i Interferential Muscle Stim.

Submitted by Respondent

- 11/08/04 Letter from Downs-Stanford, PC 2-pages
- 10/27/04 Letter from Downs-Stanford, PC 1-page
- 08/10/04 8-page typed retrospective peer review by Dr. T, DC
- 08/20/04 CorVel notice of Pre-authorization Determination letter #71140611-1
- 09/07/04 CorVel notice of Pre-authorization Determination letter #71141009-1

Clinical History

Documentation revealed that ___ (Claimant) allegedly injured his lower back, while on the job on ___. The following day the claimant sought treatment under the direction of Dr. F, DC. On 03/01/04 the claimant was returned to full work duty. On that date of service the claimant reportedly had complaints of constant burning and stabbing pain in the lower back with pricking sensations in the toes in the early morning hours. Mr. ___ also had complaints of poor balance due to pain. Physical examination revealed mild pain upon palpation over the left SI joint and lumbar paraspinal muscles, without spasm and (SLR) Straight Leg Raise test and yeoman’s test were negative. The claimant was referred to Dr. G for continued therapy. On 03/04/04 Dr. G indicated normal Ranges of Motion (ROM), negative SLR, and mild paraspinal muscle spasms. The extent of the examination was reported as normal per the 08/10/04 peer review. Notes also reported that the claimant was much better, but had questions regarding medication and wanted a return to work excuse. The following day, on 03/10/04 the claimant filled out a TWCC-53 form and changed treating doctors to Dr. M at Lone Star Rehab. On 03/11/2004 Mr. ___ was again evaluated by Dr. F who reportedly found normal ranges of motion, pain upon extension and right lateral flexion, but no pain upon flexion. The claimant was released to full unrestricted duty on that date. On 03/16/04 treatment was initiated with Dr. M and a letter was submitted stating that the claimant was dissatisfied with his previous care. The claimant was referred for MRI of the lumbar spine and provided an EMS unit in mid March. MRI reportedly revealed subligamentous protrusion from L3-S1 with pre-existing facet arthropathy. Notes reported that the above together caused slight to moderate central and lateral spinal stenosis. On 04/05/04 the he claimant was taken off work. A technician performed nerve conduction velocity test was accomplished that suggested a right sided L5-S1 radiculopathy was present. On 05/10/04 the claimant was reportedly visually distressed over his functional limitations. Mr. ___ was referred to Dr. J, an orthopedic surgeon, who diagnosed the claimant with a herniated nucleus pulposus (HNP) and low back pain. Notes reported that the claimant may be a surgical candidate. On 05/26/04 the claimant was seen for a designated doctor appointment performed by Dr. D, who found him to be at Maximum Medical Improvement with 5% whole person impairment. The claimant continued physical therapy through 07/12/2004. Dr. T reported that the video surveillance tapes reviewed showed the claimant functioning well beyond normal ranges of motion. Peer reviewer stated that this “Individual clearly and objectively has no functional loss or ongoing disability related to his work-related injury.”

Requested Service(s)

Disputed services: Purchase of an RS4i sequential, 4 channel combination interferential, and muscle stimulator.

Decision

The documentation provided for review does not support the medical necessity for purchase of an RS4i sequential, 4 channel combination interferential, and muscle stimulator.

Rationale/Basis for Decision

Documentation provided for review does not support the medical necessity for purchase of an RS4i sequential, 4 channel combination interferential, and muscle stimulator. There are specific criteria, which must be met for long-term use of electrocutaneous and neuromuscular stimulators. This criterion includes: decreased use of pain medications, as documented by office notes showing fewer pills/refills prescribed (before trial and currently), an increase in measured ROM (before trial and currently), and an increased ability to perform activities of daily living, enhancing the ability of the injured worker to return to work. In fact, the documentation provided for review revealed that the claimant was taken off work just a little more than 1-week after this device was put into use. Furthermore, the claimant was referred for MRI, nerve conduction velocity testing, and sent to an orthopedic surgeon for further evaluation all within 60-days after utilization of this device. I have not been provided any clinical documentation that suggested medications, physical therapy sessions and/or services have been reduced as a result of the use of this device. On the contrary, the claimant appears to have continued supervised physical therapy involving electrical stimulation, myofascial release, PNF stretching with cardiovascular warm-up, and resistive exercises using Synergy tubing until mid July 2004. As stated in the Occupational Medicine Practice Guidelines-ACOEM Guidelines 2nd Edition, chapter 12 pages 300; “Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a non-invasive treatment involving electrical stimulation, also known as interferential therapy.” Same or similar findings can be found in the (ODG) Official Disability Guidelines-Treatment in Workers’ Compensation 2004 2nd edition. Also within the ODG-2004 states the following “Neuromuscular electrical stimulators (NMES) are small electronic devices that are affixed externally by the patient to the skin by the way of electrodes. There are two types of NMES. One type of device stimulates muscle to maintain muscle tone during temporary extremity immobilization. The other type of NMES is used to enhance the ability to walk in spinal cord injured (SCI) patients by emitting electrical impulses to stimulate paralyzed or weak muscles in a specific order. NMES differ from transcutaneous electrical nerve stimulation (TENS) units, which are used for pain management therapy.”

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 15th day of December 2004.

Signature of IRO Employee:

Printed Name of IRO Employee: