December 22, 2004

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0318-01
CLIENT TRACKING NUMBER: M2-05-0318-01 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.

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 Received from the State:
- Notification of IRO Assignment, dated 11/09/04 – 1 page
- Texas Workers' Compensation Commission Form, dated 11/08/04 – 4 pages
- Letter from Intracorp, dated 09/15/04 – 3 pages
- Letter from Intracorp, dated 08/31/04 – 3 pages

Records Received from R.S. Medical
- Fax Transmittal Form, dated 11/12/04 – 1 page
- RS Medical Prescription, dated 06/09/04 – 1 page
- Chart Note, dated 08/12/04 – 1 page

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- Letter of Medical Necessity, dated 08/11/04 – 1 page
- RS Medical Prescription, dated 08/17/04 – 1 page
- Letter from ___, undated – 1 page
- RS Medical Patient Usage Report, dated 06/09/04-08/22/04 – 8 pages
- Letter from RS Medical, dated 09/08/04 – 2 pages

Summary of Treatment/Case History:

The patient is a 60 year old injured Texas worker who suffered a lower back injury ___. He carries a diagnosis of lumbago. Treatments have included physical therapy and medications per physician DME purchase note. Trial of RS-4i Sequential 4-channel stimulator was performed between 6/9/04 to 8/22/04 according to RS medical patient usage charts. The patient reported overall decrease in pain with the use of the unit. No prior trial with a TENS unit is documented before the use of the RS-4 unit.

Questions for Review:

1. Please address prospective medical necessity of the proposed purchase of an RS-4i sequential, 4-channel combination interferential & muscle stimulator regarding the mentioned injured worker.

Explanation of Findings:

The request for this purchase of the EMS unit in question is not medically necessary. According to the medical records, a trial of the less expensive TENS unit was not performed. Given the fact that the medical literature concludes that the RS-4i unit is not more effective than a simple TENS unit, then it would not be considered medically necessary. A less expensive unit, such as a TENS unit may be more appropriate in this case.

Conclusion/Decision to Not Certify:

Question 1: Please address prospective medical necessity of the proposed purchase of an RS-4i sequential, 4-channel combination interferential & muscle stimulator regarding the mentioned injured worker.

The decision is to not certify as medically necessary the proposed purchase of the RS-4, Sequential, 4-channel combination interferential and muscle stimulator unit.

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

Clinical indications as noted in the medical literature for use of electrical stimulation in pain management (acute and chronic musculoskeletal pain, chronic neurogenic pain, general systemic pain) joint effusion or interstitial edema; protective muscle spasm; muscle disuse atrophy; dermal ulcers and wounds; circulatory disorders

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References Used in Support of Decision:

1. No effect of bipolar interferential electrotherapy on soft tissue shoulder disorders: A randomized controlled trial. Ann. Rheum. Dis. 1999; 58, Nietert PJ, Benson CV.
2. EMS as an adjunct to exercise...Non-Acute Low Back Pain: A Randomized trial. J. Pain 2001, Oct; 2(5); 295-300. Alves, Walsh DM.
3. Physical Medicine and Rehabilitation, Second Edition, 2000, Richard L. Braddom, M. D.

The physician providing this review is board certified in Physical Medicine & Rehabilitation. The reviewer holds additional certification in Pain Management. The reviewer is also a member of the Physiatric Association of Spine, Sports and Occupational Rehabilitation. The reviewer is active in research and publishing within their field of specialty. The reviewer currently directs a Rehabilitation clinic.

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

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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 MRIoA 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
Sentry Insurance