



Specialty Independent Review Organization, Inc.

December 13, 2004

Hilda Baker  
TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient  
TWCC #:  
MDR Tracking #: M2-05-0357-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This 31-year old male was injured on \_\_\_\_\_. The patient was getting ready for work and debris fell off the fifth floor, hitting him with a glancing blow, injuring his neck. X-rays taken on the date of injury of the cervical spine were unremarkable for a fracture. The patient has been treated with physical therapy and osteopathic manipulation. The patient was at maximum medical improvement (MMI) on 03/02/2004 and had a 0% whole person impairment rating.

On 03/24/2004 the notes reveal mild edema and contusion at the temporal-parietal region. There were muscle spasms and palpable trigger points throughout the upper and lower cervical spine at C4-C7 bilaterally. There was tenderness bilaterally from T-1 through T-10 bilaterally. Ropiness and trigger points were noted in the trapezius, rhomboids, and latissimus dorsi. The patient continued with conservative care from 03/29/2004 through 05/05/2004. A home electrical muscle stimulator was provided on 04/07/2004. On the 04/14/2004 office note, the patient is

now in constant pain. The muscle stimulator could have exacerbated his condition. An MRI of the thoracic spine on 06/08/2004 revealed no significant disc herniation, central/foraminal stenosis, or compression fractures. There was a minimal scoliosis.

Review of Records included: Zurich notes 9/13/2004 and 9/23/2004, Office notes Dr. L, 3/23/2004 through 9/2/2004 and an MRI of 6/8/2004.

#### REQUESTED SERVICE

The proposed service is an RS4i sequential 4 channel combination interferential and muscle stimulator.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The RS4i Stimulator is not a TENS unit, it provides interferential current (IF) to address the treatment goal of pain relief/management and muscle stimulation (NMES) to address the treatment goal of muscle rehabilitation. Unlike a TENS, this device is specifically cleared for the following: acute and chronic pain, relaxation of muscle spasms, prevention or retardation of disuse atrophy, maintenance or increase in range of motion, increase in local blood circulation, and muscle re-education.

The records indicate that the patient had an exacerbation following the use of the home electrical stimulator. The reviewer indicates the request to purchase the RS4i sequential, 4 channel combination interferential and muscle stimulator is denied.

References: Pain Physician 2001, Bucholz – Orthopedic Decision Making, 2<sup>nd</sup> Edition, RS Medical Inc. 2004 – ACOEM Guidelines, Chapter 8.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,  
CEO

## **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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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 (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

CEO

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 14<sup>th</sup> day of December, 2004**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:**