

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date: 1/27/05  
Injured Employee:  
MDR #: M2-05-0403-01  
TWCC #  
MCMC Certification #: 5294

DETERMINATION: Denied

Requested Services:

Please review the item in dispute regarding prospective medical necessity of the proposed purchase of an RS4i sequential, 4 channel combination interferential and muscle stimulator unit.

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 the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on **11/24/2004**, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The purchase of a RS4i stimulator is not medically necessary.

This decision is based on:

- TWCC Notification of IRO Assignment
- TWCC MR-117 dated 11/23/2004
- TWCC-60 stamped received 11/10/2004 3 pgs
- TWCC Preauthorization Report & Notifications dated 9/23/2004, 10/1/2004
- Texas Back Institute, Plano, Progress Note dated 4/16/2004, 5/17/2004, 6/18/2004
- RS Medical Prescriptions dated 6/21/2004, 8/26/2004; Patient Usage Reports for 6/21 to 6/30/2004, 7/3 to 7/30/2004, 8/1 to 8/27/2004, 10/06 to 10/12/2004
- Letter from \_\_\_ dated 10/12/2004
- Dr. B, DO, letter of necessity dated 8/12/2004

The injured individual is a 48-year-old female with low back pain, left sacroiliac pain and neuropathic pain. She has had facet blocks with no relief. Her medications were norco, vioxx, and neurontin as of 06/2004 and the Attending Physician (AP) recommended an interferential unit, which the injured individual received in 06/2004. His letter of necessity dated 08/12/2004 states the unit was prescribed for daily use.

At the request of the DME (Durable Medical Equipment) company, the injured individual wrote a letter, dated 10/12/2004, confirming her use of the unit. The DME company submitted usage

reports for the months of June, July, August, and October. September was missing. In a total of 83 days reviewed, the injured individual used the unit on 41 days. This is insufficient to warrant purchase.

Based on the literature, which does not document proven efficacy of this unit, it is also denied due to a lack of necessity. Reference #1 states 50% of the patients in the study dropped out prior to completion, which questions the results of the study. Reference #2 states: "despite deficient support from sound research data..." which indicates studies on this are minimal. Reference #3 indicates interferential therapy is completely ineffective while Reference #4 summarizes that it is comparable to a TENS unit at best.

#### **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 **Boarded 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**

27 day of January 2005.

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_