

MCMC

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

Date: 1/27/05
Injured Employee:
MDR #: M2-05-0407-01
TWCC #
MCMC Certification #: 5294

DETERMINATION: **Deny**

Requested Services:

Please address prospective medical necessity of the proposed purchase of a RS41 sequential 4 channel combination interferential and muscle stimulator, regarding the above mentioned injured worker.

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 **12/21/2004**, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The purchase of an RS4i stimulator is not medically necessary.

This decision is based on:

- TWCC Notification of IRO Assignment dated 12/21/2004
- TWCC MR-117 dated 12/21/2004
- TWCC-60 stamped received 11/8/2004 3 pgs
- The Hartford: Review Determinations dated 9/14/2004 3 pgs, 9/29/2004 4 pgs
- RS Medical Request for Authorization dated 9/9/2004, prescription dated 8/30/2004, 6/16/2004, Product information, articles, price list 13 pgs, letter to SRS dated 9/22/2004 2 pgs, "Rebuttal to common arguments, etc." memo (undated) 2 pgsz
- The Pain Institute of Texas (Dr. M) letter to SRS dated 8/17/2004, Follow up notes dated 6/22/2004, 4/26/2004 2 pgs, 12/22/2003 2pgs, 8/9/2004 2 pgs

The injured individual is a 48-year-old male with date of injury of _____. The diagnosis is low back pain.

The Attending Physician (AP) recommended an interferential unit, which the injured individual received on 06/22/2004. Prior to this, he was taking vicodin every 6-8 hours in 04/2004 with pain score 7-8/10. The AP's note of 08/09/2004 stated that his pain was 5/10 but he remained on the same amount of medications and the AP is requesting SI injections and

percutaneous discectomy. A letter from the AP, dated 08/17/2004, stated that the injured individual used the unit twice a day and that it had helped him. When I spoke to _____, the durable medical equipment (DME) company representative for this individual, she stated they had requested his computer chip in 10/2004, but that he had not returned it. Therefore, verification of usage is nonexistent. While the injured individual's pain score did diminish somewhat, his medications remained unchanged. The AP is planning some very aggressive pain interventions which theoretically would not be needed if the RS stimulator were truly helping this individual. There is no computer proof that the injured individual is using the unit.

Based on the literature, which does not document proven efficacy of this unit, it is also determined to be medically unnecessary. 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. ACOEM concurs that it is also an unproven entity.

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.
5. ACOEM 2004 guidelines pg 300 chapter 12.

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: _____