



Specialty Independent Review Organization, Inc.

December 31, 2004

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-0459-01  
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 45-year old female was injured on \_\_\_ when she was assisting a nurse with cleaning of a 304-pound patient. \_\_\_ had that patient rolled toward her side while the nurse was cleaning the patient's back. The patient released the guardrail to which she was holding and began rolling away from \_\_\_. At that time, \_\_\_ states she felt a pulling sensation in her neck and upper back. She was initially seen in the emergency room and analgesics, muscle relaxants, and NSAIDs were given. On the 08 / 20 / 2003 progress note, the patient was complaining of pain from the neck all the way down to her feet. She also described numbness and tingling in both arms, although worse on the right side, as well as weakness and numbness in both legs. The patient states the symptoms are exacerbated with any movement and the pain is constant in her back. The physical examination showed a poor range of motion in all planes, secondary to pain in her neck and low back. There was tenderness to palpation over the cervical and lumbar spine.

Motor and sensory are unremarkable to both upper and lower extremities. X-rays on 08 / 20 / 2003 revealed the disc spaces were preserved and the lumbar spine showed a loss of normal lordotic curve.

Progress note of 05 / 24 / 2004 reports tenderness in the low back, straight leg raising negative, and no muscle spasm. The progress note of 06 / 21 / 2004 states that the patient has intermittent low back and leg pain. The pain is rated at 7/10. The physical examination showed straight leg raising negative, no motor or sensory deficits, gait normal, and changing positions without pain. Progress note of 07 / 08 / 2004 reports that the patient has attended chronic pain management and has responded well to this program. Progress note of 07 / 26 / 2004 reports no muscle spasm and the patient is significantly improved. The progress note of 09 / 17 / 2004 states that using the RS4i has reduced the use of all medications.

Reports reviewed:

1. Hartford Co. 10 / 06 and 10 / 14 / 2004.
2. Office Notes, Dr. A, MD 06 / 20 / 2003 to 09 / 22 / 2004.
3. Office Note, Dr. B, Psy.D 07 / 08 / 2004.

#### REQUESTED SERVICE

The requested service is the prospective medical necessity of an RS4i sequential 4 channel combination interferential and muscle stimulator unit.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The reviewer states there are no random controlled trials that support the use of the RS4i Unit. Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists. This decision is consistent with: The American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition. Chapter 12 (Back), p. 298-301

There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy,

cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living as per table 8-5. (Methods of Symptom Control for Neck and Upper Back Complaints) The reviewer states that the following source was referenced: The American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition. Chapter 8 (Neck), p 173-175.

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 4<sup>th</sup> day of January, 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:**