

MCMC

IRO Medical Dispute Resolution M2 Prospective (Pre-Authorization or Concurrent Rev.) IRO Certified/Denial Notification Letter

Date: 12/29/2004

Injured Employee:

MDR #: M2-05-0465-01

TWCC #:

MCMC Certification #: 5294

Determination: Denied

Requested Services:

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

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 12/03/2004 concerning the medical necessity of the proposed purchase of an RS4i sequential 4 channel combination interferential and muscle stimulator unit is hereby denied based on:

*Notification of IRO Assignment

*TWCC MR-117 dated 11/19/2004 4 pgs.

*Notices of Utilization Review Findings dated 10/08/2004 and 10/15/2004 2 pgs each

*TWCC-60 Stamped received 11/22/2004 3 pgs

*Forte Peer Review dated 10/08/2004

*RS Medical request for authorization dated 10/01/2004

*Letter by Dr. F dated 08/23/2004

*Medical records, Dr.F 07/28/2004 to 08/26/2004

*RS Medical, Price List, Product Information and Prescription dated 08/26/2004

*Copy of Journal of Pain article, Vol 2, No 5 5pgs

*Forte Letter of Agreement dated 10/04/2004

*Forte Notice of Intent to Issue Adverse Determination dated 10/07/2004 2 pgs

*Forte Notification Fax dated 10/14/2004

*Notice of Utilization Review Findings dated 10/13/2004 2pgs

*RS Medical request for authorization dated 10/14/2004

*RS letter dated 10/11/2004 2 pgs

*RS Medical Second Request for Authorization

*Forte Acknowledgement of Reconsideration Request dated 10/11/200 *Forte Letter of Agreement dated 10/11/2004

*Fax from Forte to Dr. K, including medical records dated from 02/27/2004 to 04/12/2004

*MRI Scan report dated 03/12/2004

TWCC Work Status Report dated 03/17/2004

*Letter from ____, PT to Dr. T dated 03/30/2004, 4 pgs
*TWCC-21 dated 04/26/2004
*Letter from Dr. F dated 04/13/2004 3 pgs
*EMG, Nerve Conduction, F/H Report stamped received on 05/17/2004 *Letter from Dr. F with medical records dated 04/27/2004 to 08/26/2004
*Letter from ____, PA, Family Medical Clinic, dated 08/23/2004
*History and Physical by Dr. C 4 pgs
*Medical Records from Dr. F dated 09/15/2004 to 11/05/2004 4 p *Fax from RS Medical dated 12/22/2004 with RS Medical Rx dated 06/21/2004, Medical Records by Dr. F dated 07/12/2004 to 08/09/2004, RS Medical Rx dated 08/26/2004, Letter from Dr. F dated 08/23/2004

The injured individual is a 34-year-old female with DOI of _____. The diagnosis is low back pain and right SI dysfunction. MRI and EMGs were negative. In 03/04 the injured individual was taking Vicodin and Zanaflex. She had a TENS unit and PT. She then switched care to Dr F in 04/04 who noted she was taking Percocet without relief, so she was started on Norco. The injured individual has had an SI injection with no relief followed by a series of lumbar ESIs with no relief. By 05/04 she was taking Norco, Soma, and Vioxx. On 06/16/2004 the MD requested the RS4i stimulator, calling it a "heavy duty" TENS unit. The note of 07/16/2004 states the injured individual was using the stimulator twice a day but that it only helped while it was on and she has no long term effects from it. She then had a TPI in 08/04. Notes from 08/04 onward state the RS stimulator is helping yet the injured individual remains on the same medications and there is never a pain score listed anywhere. An orthopedic consult on 08/26/2004 does not mention the stimulator and indicates the injured individual continues to have pain. He states the treatment thus far has not promoted recovery. Dr F's note of 09/15/2004 states the low back pain is "0% better". The few notes after this only indicate medications, not usage of the RS stimulator as previous notes had done. It also refers her to a back surgeon. Based on her poor response to the stimulator, its purchase is not warranted. 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.

Based on the continuing narcotics prescribed despite usage of the stimulator, it is not helping, so its purchase is not warranted. The stimulator is also not recommended since it is an unproven treatment regimen according to the literature.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5)).

The reviewing provider is a Board Certified 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

 29 day of December 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____