



Specialty Independent Review Organization, Inc.

January 31, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-0595-01
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 _____. She was lifting a lawnmower when she felt an intense pain in the lumbar area. Immediately the pain became a heat-type sensation in the lumbar area. The pain radiated into the abdominal area and on the initial evaluation of 10-08-2001, the patient rated her pain as a 3 in the abdominal area and a 5 in the lumbar area on a scale of 10. The patient had lumbar X-rays at the hospital on the date of injury that were reported as normal. She was treated with analgesics and muscle relaxants.

The physical examination on 10-08-2001 revealed muscle spasm in the lumbar area, range of motion restricted, and tenderness on palpation of the spinous processes. The patient was seen regularly by her attending physician at monthly intervals from 10-08-2001 through 10-21-2004.

Through this time the patient received 3 epidural injections on 7-27, 9-09, and 12-02-2002. The progress note of 2-11-2003 states that the patient had 70% relief with the injections.

Light duty work restriction was given on 4-08-2003 and by 6-16-2003 the patient was totally off work. The patient progressed with increased symptoms to her low back and on 9-14-2004 rated her pain as 9/10. The progress note of 10-12-2004 states the condition of her low back pain was 8/10, radiating to both thighs. The patient's pain increases constantly and is not responding to treatment. Her pain increases with any movement of the lumbar spine.

The physical examination on 10-12-2004 reveals tenderness in the lower lumbar muscles, decreased range of motion, and the following tests were positive: Iliac compression, Gaenslen, Yeoman, Patrick, Distraction, Straight leg raise 35 degrees left and 45 degrees right, Bragard, Seated slump, and Kemp.

The progress note dated 10-21-2004 from her attending physician reveals less pain with the use of RS4i Stimulator. Progress note dated 11-04-2004: Patient would like to continue the use of the RS4i Stimulator.

Tests administered to the patient: 1-09-2002 EMG reported normal, 4-07-2003 EMG reveals consistent with L5 and S1 chronic nerve root irritation. The MRI of 5-11-2002 states at L4-5, there is a 4 mm central bulge of the disc with 1-2 mm impression on the anterior thecal sac but no impression on the origin of the nerve roots. At L5-S1 there is a 4 mm central bulge of the disc with no impression on the dura or the nerve roots.

Records Reviewed:

1. Denials UniMed Direct 11-02-2004 and 11-09-2004.
2. Records from Carrier: Progress Notes of Dr. M, MD from 10-08-2001 monthly through 10-21-2004.
3. X-ray from Mission Hospital ____
4. EMG 1-09-2002 and 4-07-2003
5. MRI - McAllen MRI Center 5-11-2002
6. Epidural Injections – 7-27, 9-09, 12-02-2002
7. RxS Medical – 10-26-2004 and 1-19-2005

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of an RS4i sequential 4 channel combination interferential and muscle stimulator.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This 45-year old patient was injured on _____. The patient has received therapy throughout the last 3 ½ years and it appears from the records that the patient had good relief from the epidural injections (noted on 2-11-2003.) The patient had a trial with the RS4i beginning 8-10-2004 and on the progress note of 9-14-2004 the patient rates her pain as 9/10. The progress note dated 10-12-2004 reveals muscle spasm in the lumbar spine, decreased range of motion, and positive sciatic nerve stretch tests. According to ACOEM Guidelines, the treatment for chronic pain requires specialized knowledge, substantial time, and the pain management focuses on functional restoration.

ACOEM Guidelines also states: Physical modalities such as electrical neurostimulation, percutaneous electrical nerve stimulation have no proven efficacy in treating low back symptoms. Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy.

References:

American College of Occupational and Environmental Medicine, Occupational Medical Practice Guidelines, 2nd Edition, Chapter 12 (Back), p. 298-301.

Braddom, RL – PHYSICAL MEDICINE AND REHABILITATION, 2nd Edition.

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 _____ 1st _____ day of February _____, 2005 ____

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: