January 21, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-0596-01
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 Medical Doctor who is board certified in Anesthesia and Pain Management. 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

According to the medical records, the patient suffered a work-related motor vehicle accident on ___. She stated that three days later, she had pain in the lower back and neck, though the neck was not as prominent as the lower back. In her initial evaluation she referred localized lower back pain without radiculopathy in an evaluation by Dr. M. He diagnosed acute cervico-lumbar myositis, persistent lower back pain and rule out herniated nucleus pulposus. After this, the patient underwent various modalities of physical therapy both passive and active. She continued with pain and underwent a lumbar MRI. This MRI dated 07-13-04 reports only some mild facet changes from L4-S1, otherwise unremarkable. During her treatment she has been prescribed: Medrol dose pack, several NSAID, Flexeril and Vicodin. She continued with pain and was referred for a designated doctor evaluation on 09-28-04 with Dr. K. He determined that the patient was not at MMI and recommended a series of lumbar epidural injections. His

examination found some range of motion limitation to lumbar left rotational maneuvers only. SLR was negative. His diagnosis was: acute sprain of the cervical spine, sprain of the lumbar spine, MVA.

After this, the patient was referred to a pain management specialist, Dr. T, MD. His office note of 10-21-04 (second page was omitted), states that she continued with only localized lower back pain and no radicular symptoms. He also referred headaches. In his physical examination, he also found facet tenderness bilaterally from L3-S1 more right than left with muscle spasms and no neurological deficit. Apparently she underwent lumbar facet injections on 11/04/04 and 12/02/04 (left then right), since her next office note of 12/16/04 provides her response to the intervention. The patient reported a VAS of 3/10 with 60-70% relief with the facet injections on the right and 100% on the left for at least two weeks. She reported only residual soreness in the low back, left side. The patient continues to work full-time.

REQUESTED SERVICE

The requested service is 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 the medical records have not established the medical necessity of the RS4i unit. One of the main factors of denial is that the provider will need to present his/her case as to the medical necessity of the treatment in question. In this case, the reviewer was provided some medical records including but not limited to: a one-page provider summary of the patient's response to three months of therapy with the unit, a DD report, evolution of pain management treatment and an illegible letter from the physician (dated 10-14-04) as to the request. There are no medical studies that support the efficacy of the treatment or mention of her current treatment plan beyond a home therapy program. Apparently, the patient failed conservative measures of treatment, physical therapy and medications, and her pain management treatment was initiated. The patient has had a good response with the facet injections performed by Dr. T, to the extent that she reports a VAS of 3/10. She is also currently able to tolerate a full-time work status. There is no discussion as to the patient's response, or lack of, to other conservative modalities of home physical therapy such as exercise / stretching.

In terms of diagnosis, the reviewer notes the presence of an MRI diagnostic which only reports some minor facet changes. She did present relief from her facet blocks and her mechanism of injury would also support facet-mediated pain. She has not reported radicular symptoms at any point in her treatment. She does not present with any significant disc pathology. The reviewer reviewed a prescription form for the Interferential unit that states that the RS4i unit is prescribed to: relieve and manage chronic pain, relax muscle spasms, prevent or retard disuse atrophy, and

re-educate muscle. If the patient does present with a facet joint pathology, this would not certainly be considered a chronic source of pain or cause muscular atrophy.

There is also a brief summary of the patient's benefit with use of the RS4i, which is a form that is also very difficult to read (due to blurry type). Finally, there is a summary of patient's response to use from 08-31-04 to 11-23-04. This summary states that with the use of the RS4i unit, she experienced: slight decrease in muscle spasms, no change in range of motion, persistent difficulty sleeping, increased pain frequency, no change in medication use, no change in activity level, and continued muscle atrophy. However, at the end, she states that the unit has "extremely improved her condition" and decreases the "tightness in her back" so that she can sit and obtain relief at home. The reviewer feels that the end summary is contrary to the statements at the initial part of the summary. She obviously has not had any long-term benefit with the apparatus and will only be able to increase her inactivity by continuing its use at home.

The unit requested is an interferential unit, similar to the traditional TENS unit apparatus. Both basically provide electrical nerve stimulation with trans-cutaneous delivery systems. The medical documentation and studies generally do support a short-term use of these types of units during initial phases of physical therapy. They do not support and clinical efficacy on a long-term or home usage basis. This patient is currently six-months post-injury and the reviewer finds no convincing documentation as to the patient's clinical diagnosis or basis for any physical source of pain. The Philadelphia panel guidelines of neck and lower back pain both indicate that no consistent benefit was shown from a clinical standpoint on improved patient outcomes. According to the ACOEM guidelines, this type of apparatus is used for short-term use only in order to increase patient mobilization, and certainly not indicated for long-term use. In Minder et al, the study involved delayed onset muscle soreness and the use of interferential therapy. It concluded that there was no significant difference obtained between the control group and the test group.

In summary, it is the provider's responsibility to establish medical necessity in the request for treatment at this review level. The reviewer feels that the patient has only presented with significant clinical changes from her interventional treatment and her improvement with the RS4i unit has been marginal at best. The reviewer does not feel that there is any medical justification that this apparatus has provided any significant benefit and, in all probability, will not provide any future medical benefit. The rationale for the discussion in this report is based on those elements noted above as well as the broadly accepted literature to include text books, professional journals, nationally and internationally recognized treatment guideline and peer consensus. Furthermore, this review has been conducted in accordance with the Texas Labor Code 408.021.

References: (1) Albright, et al (including Philadelphia and Ottawa Panel Members). *Philadelphia Panel Evidence-Based Clinical Practice Guideline on Selected Rehabilitation Interventions for Neck Pain.* Physical Therapy. 81(10). Oct. 2001.

(2) Albright, et al (including Philadelphia and Ottawa Panel Members). *Philadelphia Panel Evidence-Based Clinical Practice Guideline on Selected Rehabilitation Interventions for Low Back Pain.* Physical Therapy. 81(10). Oct. 2001.

(3) American College of Occupational and Environmental Medicine Guidelines 2004. 43-54.

(4) Minder, et al. *Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness*. Clin Physiol Funct Imaging. 22(5): 339-47. Sept. 01, 2002.

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 _____21st _____ day of __January_____, 2005 __

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: