

MCMC

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

Date:	3/30/05
Injured Employee:	
Address:	
MDR #:	M2-05-0609-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute to address the medical necessity of the proposed purchase of a RS4i sequential four channel combination interferential and muscle stimulator unit, regarding the above-mentioned injured worker.

DECISION: UPHELD

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 12/30/04, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The purchase of an RS4i sequential four channel combination interferential and muscle stimulator is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 42-year-old male with date of injury (DOI) of _____. The diagnosis is low back pain and lumbar failed back surgery syndrome (FBSS). He is also noted to be morbidly obese. He has benefited from an exercise program in 09/2004. He has an interferential unit but none of the notes mention it or its effects on his pain or medication requirements. The usage report indicates usage 50-65% of the time when it is recommended to be used daily. Therefore, purchase is not warranted. Also, The stimulator is also not recommended since it is an unproven treatment regimen according to the literature.

RATIONALE:

The injured individual is a 42-year-old male with lumbar FBSS. He has had physiotherapy (PT) with good results. The Attending Physician (AP) then requested work hardening in 09/2004. He had the RS stimulator since at least 06/2004. None of the notes mention this unit, his pain scores, or medications. The usage report was

sent which indicates for the months of June through Sept (which is when it ends) the injured individual used the unit 50% to 65% of the time. This is insufficient reason to authorize purchase as the he is not utilizing the unit appropriately (twice a day is the recommended usage). Also, usage after 9/12/04, which is when the computerized record ends, is completely unknown. There is no indication in any of the notes whether the interferential stimulator is affecting his pain score or medication requirements. 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. Reference #5 says "there is no clinically important benefit of different frequency TENS treatment.". Reference #6 states: "the application of interferential therapy had no overall beneficial effect on delayed onset muscle soreness. Finally, reference #7 states: "experimentally induced cold pain was not influenced by interferential treatment."

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. Phys Ther Oct 2001;81(10) "The Philadelphia Panel Evidence Based clinical practice guidelines on selected rehabilitation interventions for low back pain".
6. Clin Physil Funct Imaging Sept 2002;22(5):339-347 Minder PM.
7. Arch Phys Med Rehab Sept 2003;85(9):1387-94 Johnson MI.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 12/30/04
- TWCC MR-117 dated 12/30/04
- TWCC-60 stamped received 12/16/04
- Intracorp: Review results dated 11/4/04, 11/18/04
- RS Medical: Prescriptions dated 6/10/04, 8/27/04; Patient usage reports for 9/1 to 9/30/04, 8/1 to 8/31/04, 7/1 to 7/30/04, 6/10 to 6/30/04

- The Neurosurgery Spine Center: Clinic notes dated 7/28/04, 9/8/04; Letter of necessity dated 10/7/04

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

30th day of March 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____