

March 3, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:  
EMPLOYEE:  
POLICY: M2-05-0728-001  
CLIENT TRACKING NUMBER: M2-05-0728-01 5278

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Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

**Records Received:**

Records Received from the State:

- Notification of IRO Assignment, dated 01/27/05
- Texas Workers' Compensation Commission Form, dated 01/27/05
- Letter from St Paul Travelers to RS Medical, dated 12/22/04
- Letter from St Paul Travelers to RS Medical, dated 12/30/04

Records Received from Travelers Indemnity:

- Case Notes, dated 12/21/04-12/29/04
- Fax Cover Sheet, dated 02/04/05
- Explanation of Payment, dated 02/07/05

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**Summary of Treatment/Case History:**

The patient is a female with a work related injury on \_\_\_\_\_. The patient has, apparently, a history of failed back syndrome and depression. According to the medical records, the patient has been on 300mg of Morphine a day and 30mg of Hydrocodone a day. She has undergone psychotherapy. The patient has carried a diagnosis of post cervical laminectomy syndrome, pain disorder, depression, and anxiety. She has been denied twice a request for an interferential unit for purchase.

**Questions for Review:**

1. Please address prospective medical necessity of the proposed purchase of a RS-4i interferential and muscle stimulator, regarding the above mentioned injured worker.

**Explanation of Findings:**

Question 1: Please address prospective medical necessity of the proposed purchase of a RS-4i interferential and muscle stimulator, regarding the above mentioned injured worker.

The request for the purchase of the ES unit in question is not medically necessary. There are no random clinical trials that support the use of the RS-4i stimulator in the treatment of chronic pain. ACOEM Guides note that there is lack of medical efficacy in the use of this device in the treatment of pain. Glaser article (Journal of Pain, October 2,5: pages 295-300) notes that there was over a 50% drop-out rate.

**Conclusion/Decision to Not Certify:**

The decision is to not certify as medically necessary the proposed purchase of the RS-4i interferential unit and muscle stimulator.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

The medical literature  
The medical records  
ACOEM Guidelines

**References Used in Support of Decision:**

No Affect of Bi-Polar Interferential Electrotherapy on Soft Tissue Shoulder Disorder: A Randomized Controlled Trial. Ann. Rheum. Dis., 1999; 58, Niefert, P.J., Benson, C. B.

EMS as an Adjunct to Exercise...Non Acute Low Back Pain: A Randomized Trial. J. Pain 2001, October; 2(5; page 295-300), Alves, Walsh, D.M.

Physical Medicine and Rehabilitation, Second Edition, 2000, Richard L. Braddom, M.D.

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The physician providing this review is board certified in Physical Medicine & Rehabilitation. The reviewer holds additional certification in Pain Management. The reviewer is also a member of the Physiatrics Association of Spine, Sports and Occupational Rehabilitation. The reviewer is active in research and publishing within their field of specialty. The reviewer currently directs a Rehabilitation clinic.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
POB 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

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The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc:

Travelers Indemnity Company