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## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** February 21, 2005

**Requester/ Respondent Address:**

TWCC  
Attention: Gail Anderson  
7551 Metro Center Drive, Suite 100, MS-48  
Austin, TX 78744-1609

RS Medical  
Attn: Joe Basham  
Fax: 800-929-1930  
Phone: 800-462-6875

Texas Mutual Insurance Co  
Attn: Ron Nesbitt  
Fax: 512-404-3980  
Phone: 512-322-8518

**RE: Injured Worker:**

**MDR Tracking #:** M2-05-0818-01  
**IRO Certificate #:** 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Physical Medicine/Rehabilitation reviewer (who is board certified in physical medicine/rehabilitation) who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Records Reviewed:**

- Office notes by Curtis Clogston, M.D. dated \_\_\_, 9/8/04, 10/1/04, 10/12/04, 10/27/04, 11/4/04, 11/10/04
- Physical therapy evaluation dated 8/30/04 with notes of 9/1/04, 9/8/04, 9/10/04, 9/17/04

- X-ray report of right knee dated 9/2/04
- MRI report of right knee dated 9/4/04
- MRI report of lumbar spine dated 9/4/04
- Office visit note by Clark Race, M.D. dated 9/13/04 and 10/11/04
- Office visit notes by Anand Joshi, M.D. dated 9/28/04, 10/5/04, 10/26/04
- MRI of cervical spine dated 11/6/04
- EMG/NCV report and initial evaluation by Lori Wasserberger, M.D. dated 10/6/04

### **Clinical History**

The reported date of injury is \_\_\_\_\_. The patient tripped in the door and landed on her hands and knees, particularly towards the right side, sustaining pain to the neck, low back, right hip and right thigh with some pain that radiates down the right leg to the hip and the sacroiliac joint region. The patient was first seen and cared for by Curtis Clogston, M.D. and referred to physical therapy as well as occupational therapy. There are reports that this only gave the patient short term and not long term relief. Plain films of the left knee showed degenerative joint disease in the right knee and showed partial tear and separation between the anterior medial and posterior lateral bundle of the intact anterior cruciate ligament. MRI of the lumbar spine showed severe facet arthropathy at L4-5 with Grade I spondylolisthesis L4 and L5 with central canal stenosis. She was not deemed to be a surgical candidate by Clark Race, M.D. The patient was sent to Anand Joshi, M.D. as well as Lori Wasserberger, M.D. Lori Wasserberger did an EMG/NCV study that was aborted. The EMG was aborted on the third needle stick due to intolerance. The NCV studies stated that this patient had a chronic right L5 radiculopathy; however, there was no needle EMG to confirm that diagnosis. Dr. Joshi then saw the patient and prescribed Trazodone, Norco, and the patient stayed on Celebrex as well as Skelaxin. He also recommended a right L4-5 transforaminal epidural steroid injection. I do not have documentation of the procedure. Dr. Clogston then requested an RS-4i interferential muscle stimulator due to sprain of the neck, thoracic and lumbar spine. There is a note of initial denial from 11/29/04. It is now in dispute at this time.

### **Requested Service(s)**

Purchase of an RS-4i sequential four (4) channel combination interferential and muscle stimulator unit.

### **Decision**

I agree with the insurance carrier that the requested service is not medically necessary.

### **Rationale/Basis for Decision**

There is a lack of evidence that the RS-4i interferential muscle stimulator gives long term relief for chronic sprain/strain injuries to the neck, thoracic or low back region. Passive modalities are basically indicated only in the acute phase of care, basically within the first six weeks. This is supported by the American Journal of Physical Therapy, Volume 10, October 2001 and The Philadelphia Panel Physical Therapy Study. This is also supported by The American College of Occupational and Environmental Medicine, Second Edition, Chapters 8 and 12. It is also supported by the Official Disability Guidelines, Ninth Edition. There is also no documentation of a trial of the interferential muscle stimulator. There is also no documentation of subjective or objective improvement in pain reduction, utilization of medications, or functional objective improvement such as strength, range of motion or visual analog scale scores. It is my opinion according to these guidelines that long term use of RS-4i muscle stimulators is not appropriate.

## 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744

Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this 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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 21<sup>st</sup> day of February 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder