

# MCMC

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

<b>Date:</b>	<b>3/8/05</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-0852-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>5294</b>

**REQUESTED SERVICES:** Please review the item in dispute to address the prospective 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**

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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 **2/4/05**, 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 unit is not medically necessary.

### **CLINICAL HISTORY:**

The injured individual is a 34-year-old male with low back and mid back pain from an injury sustained in \_\_\_\_\_. His diagnoses include low and mid back pain as well as vertebral fracture. According to his own subjective reporting, he is using more medications two months after getting the stimulator and it helps "only a little". Based on his computerized usage report, he used the unit 19 times in October, 7 times in November, and 9 times in December up through 12/19/2004. His usage is suboptimal and this documentation of usage is not consistent with either his or his MD's letters of necessity. Based on the increasing narcotics he requires despite using the stimulator, its purchase is not warranted. Based on his own documented lack of compliance with it, its purchase is not warranted. The stimulator is also not recommended since it is an unproven treatment regimen according to the literature.

### **RATIONALE:**

This injured individual received the RS stimulator on 09/30/2004. The patient's subjective RS stimulator evaluation indicates he admits to using more pain medications on 11/16/2004 as compared to 09/30/2004. It also states the stimulator helps only "a little bit". His usage report from 09/30/2004 through 12/19/2004 indicates he used the RS stimulator, at most, 50% of the

time. This is in direct opposition to his and the MD's letter which states he uses it every day, twice a day. Based on his poor compliance with it, purchase is not warranted as the unit is intended to be used twice a day, every day per the RS literature and the MD's own letter of necessity. 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 that 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.

#### **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.

#### **RECORDS REVIEWED:**

- TWCC Notification of IRO Assignment dated 2/4/05
- TWCC MR-117 dated 2/4/05
- TWCC-60 stamped received 1/20/05
- Corvel: Preauthorization request responses dated 12/09/04, 12/17/04, Review dated 1/26/04
- RS Medical: Request for Authorization dated 12/7/04; Prescription dated 11/29/04; Patient Health Report dated 9/30/04; Patient Usage Reports for 9/30/04 to 11/15/04
- Dennis Ice, MD: Letter of Necessity dated 11/8/04; Progress notes dated 11/8/04
- Christian Fuentes: Letter of Necessity dated 1/11/05
- Premarket Notification, Indications for Use, RS-4i
- Flahive, Ogden and Latson: Summary of Self-insured's position dated 2/1/05
- Centers for Medicare and Medicaid Services: Medicare Coverage Database
- Statements of Non-covered services
- ACOEM Guidelines.com: Initial Approaches to Treatment
- ptjournal.org: "Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Interventions for Low Back Pain" 10/01; "Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Interventions for Neck Pain" 10/01
- mdconsult.com: "Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness."; "Technology, Computing and Simulation" 10/00
- PTglobal.net: Critically Appraised Papers: "The efficacy of ultrasound in the treatment of musculoskeletal disorders."
- The Regence Group: "Durable Medical Equipment Section-Electrical Stimulation Devices"
- TWCC Decision and Order
- Medical Review of Texas: Notice of Independent Review Determinations dated 7/29/03, 8/20/03

- Forte: Notice of Independent Review Decision dated 11/5/03
- Maximus: Notice of Independent Review Decision dated 11/17/03, 8/7/03
- Independent Review Inc.: Peer Review dated 11/5/03
- Ziroc: Peer Reviews dated 9/29/03, 7/14/03, 8/4/03
- Medical Review of Texas: Independent Review Determinations dated 9/18/03, 10/02/03
- Texas Medical Foundation: Independent Review Decision dated 9/23/03

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

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**

8 day of March 2005.

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_