

March 24, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0941-01

CLIENT TRACKING NUMBER: M2-05-0941-01

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 from the State:

- Notification of IRO Assignment, 2/23/05
- Medical Dispute Resolution notice, 2/16/05
- Medical Dispute Resolution Request/Response form, 1/31/05
- Table of Disputed Services
- Letter from Krisi Jacobs, 12/3/04
- Letter from Krisi Jacobs, 12/21/04

Records from RS Medical:

- Fax coversheet, 2/28/05
- Prospective Review (M2) Information Request

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- RS Medical Prescription, 5/1/04
- Letter from Carl Davis, MD, 8/18/04
- Occupational Healthcare clinic visit notes
- RS Medical Prescription, 9/13/04
- Follow up progress note, 10/11/04
- Texas Workers' Compensation Commission Order for Payment of Independent Review Organization fee
- Memorandum from Texas Workers' Compensation Commission, 3/8/05

Records from Insurance Company:

- Medical Dispute Resolution Request/Response
- Payment/Credit transactions form
- Financial Detail Inquiry form
- Employer's First Report of Injury or Illness, ___
- Letter from Bill Lutz, Frank's Tubular International, Inc., 1/25/02
- Frank's Tubular International, Inc. Safety Manual, 6/1/96
- Note from Lyndon B Johnson Ambulatory Care Services, 6/28/02
- Texas Workers' Compensation Payment of Compensation or Notice of Refused/Disputed claim
- Consultation, Scott Filmore, MD, 6/3/03
- Letters from Scott Fillmore, MD, 7/8/03, 7/14/03
- Texas Workers' Compensation Work Status Report
- Recorded Statement of Jose Rodriguez
- Recorded Statement of William Lutz
- H&P, Paul James, MD, 1/27/03
- Office notes, Paul James, MD, 6/16/03, 7/14/03, 8/18/03, 8/30/04
- Operative report, Jason Hess, MD, 8/30/02
- Operative report, Stacey Moore-Olfumi, MD, 5/22/02
- Letter from Scott Fillmore, MD, 7/14/03
- Texas Workers' Compensation Work Status Reports, 11/10/04, 11/12/04
- Office note, Harold Mullins MD and Arthur Williams, MD, 10/3/02, 4/18/02, 4/16/02, 11/21/02, 11/4/02
- Disability Certificates, 5/16/02, 11/21/02, 11/4/02
- Prescriptions, Toni Keaton, MD, 4/19/02, 11/21/02, 11/4/02
- Referral for General Surgery, 11/21/02
- Laboratory reports, 7/25/02, 4/18/02, 4/4/02, 8/30/02
- Outpatient Consultation Form, Harris County Hospital District, 7/25/02
- Preoperative Screening Record, 8/6/02
- Physician's Orders, 8/23/02
- Emergency room and clinic records, 1/23/02, 2/15/02, 4/4/02, 4/5/02, 5/14/02, 6/29/02, 7/25/02, 8/6/02, 8/23/02, 9/10/02, 10/30/02, 2/4/03
- TWCC-32 Request for Designated Doctor form
- TWCC - 69 Report of Medical Evaluation, 3/12/04, 8/6/04, 11/11/04
- Texas Peer Review, Christine Huynh, MD, 4/12/04

- Report of Medical Evaluation with Review of Medical History and Physical Exam, Gaston Machado, MD, 3/12/04, 8/6/04, 11/11/04
- Psychological Evaluation, 5/18/04
- History and Physical, Heidi Seifert, MD, 10/23/03
- Operative report, Paul Jerrall James, MD, 4/29/03
- Occupational Health Care notes, 1/10/05, 2/8/05, 7/27/04, 7/29/04, 7/9/04, 9/10/04
- Patient notes, Heidi Seifert, MD, 10/27/03, 11/18/03, 12/10/03, 12/12/03, 1/9/04, 2/6/04, 4/22/04, 5/12/04, 6/9/04, 10/21/04
- Request for Pre-Authorization, Heidi Seifert, MD, 5/12/04
- Letter of Medical Necessity/Appeal, Heidi Seifert, MD, 6/3/04
- Texas Workers' Compensation Work Status Reports, 1/10/05, 7/15/04, 2/8/05, 7/9/04, 12/17/04, 9/10/04, 8/18/04, 7/27/04, 8/25/04, 7/13/04, 6/29/04, 6/24/04, 8/30/04, 10/21/04, 10/1/04, 11/29/04, 12/17/04
- Functional Capacity Evaluation, 1/18/05
- Letter from Cindy Solochek, 11/8/04
- Work Hardening Daily Notes, 1/24/05, 1/25/05, 1/26/05, 1/27/05, 1/31/05, 2/2/05, 2/3/05, 2/7/05, 2/8/05, 2/9/05, 2/16/05, 2/21/05
- Patient notes, Carl Davis, MD, 12/17/04
- Letter from Liesbeth VanderWal, 7/23/04
- Chart review, Ronald Buczek, DO, 7/6/04
- New patient evaluation, Guy Fogel, MD, 6/3/04
- Peer to Peer Telephonic Discussion, Guy Fogel, MD, 7/8/04
- MRI of the lumbar spine, 7/15/04
- Notice of Hearing, Texas Workers' Compensation Commission, 9/23/04
- History and physical, Michael McCann, MD, 9/13/04
- Preauthorization request, Michael McCann, MD, 9/13/04
- Letter of Medical Referral, Carl Davis, MD, 8/16/04
- Office notes, Carl Davis, MD, 10/11/04, 10/21/04
- Request for a Benefit Review Conference, 9/9/04
- CT Needle Biopsy report, 9/23/04
- Operative reports, Dr. McCann, 9/23/04, 11/9/04
- Progress note, Dr. McCann, 10/25/04
- Radiology report, 8/31/04
- History and Physical, Michael McCann, MD, 9/13/04, 9/23/04
- Impairment Rating Report, 11/18/04
- Internal notes to Kristi Jacobs, 6/18/04, 7/23/04, 8/25/04, 9/17/04

Summary of Treatment/Case History:

The claimant is a 30 year-old gentleman who allegedly suffered a workplace injury on ____.

Subsequently he developed bilateral groin pain with the left groin being more symptomatic. He underwent a right inguinal hernia repair on 3/22/02, a left inguinal hernia repair on 8/30/02 and a left inguinal exploration/repair on 4/29/03. Despite this treatment, he continues to have left groin pain.

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He had a history of bilateral inguinal hernia repairs as an infant. He has been evaluated and treated by several pain management specialists. He received one left ilioinguinal nerve blocks which produced good pain relief for a few hours. He also apparently has been treated with a variety of adjunctive pain medications without resolution of the pain.

Questions for Review:

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

Explanation of Findings:

Published studies report varying degrees of efficacy for interferential current stimulation (IFCS) in the treatment of chronic pain. Some studies indicate that IFCS is completely ineffective {e.g. Alves-Guerreriro (2001); Minder (2002); Taylor (1987); Der Heijden (1999)} and some show it to have an efficacy comparable to that of TENS (transcutaneous electrical nerve stimulation), at best {e.g. Johnson and Tabasam (2003); Palmer, ST (1999)}. A placebo-controlled study of the use of interferential stimulation in postoperative pain {Jarit, 2003} did find some beneficial effect, but this was not compared with TENS treatment. There is some evidence in the published literature of marginal benefit from muscular stimulation {e.g. Glaser (2001)}, but this is not sufficiently clear and significant to warrant the purchase of this expensive unit. The RS-4i interferential/muscular stimulator is an expensive, proprietary device, which offers no apparent advantages over cheaper TENS units, and therefore should not be certified because of lack of evidence of specific efficacy for the claimant's chronic pain syndrome. The fact that a device has been granted FDA 510(k) pre-market clearance on the basis of substantial equivalency to an older device, perhaps one marketed prior to the effective date of the law requiring FDA approval, does not imply any official determination that the procedures for which it is employed are standard medical care.

Conclusion/Decision to Not Certify:

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

Purchase of the proposed RS-4i interferential/muscle stimulator is not certified as medically necessary.

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

In order to be reimbursed, a service must meet all of the following criteria:

1. Must be adequately and completely documented in the medical record as having been done in accordance with the definition of the billed code in the A.M.A. Current Procedural Terminology.
2. Must be medically necessary for the claimant's clinical condition in compliance with accepted medical standards and specific selection criteria.
3. Must not be an included or incompatible code of any other code billed, according the Medicare National Correct Coding Initiative.

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4. Must have been shown to be safe and effective treatment of the patient's condition by scientifically-valid evidence published in the reputable, peer-reviewed medical literature.
5. Must be in compliance with all restrictions and limitations of the patient's insurance contract

References Used in Support of Decision:

Jarit, et al. (2003). The effects of home interferential therapy on post-operative pain, edema, and range of motion of the knee. *Clin J Sport Med* 13:16-20.

Alves-Guerreiro, et al. (2001). The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold. *Clin Physiol* 21:704-11.

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

Taylor, et al. (1987). Effects of interferential current stimulation for treatment of subjects with recurrent jaw pain. *Phys Ther* 67:346-50.

Van Der Heijden, et al. (1999). No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomised controlled trial. *Ann Rheum Dis* 58:530-40.

Johnson and Tabasam (2003). An investigation into the analgesic effects of interferential currents and transcutaneous electrical nerve stimulation on experimentally induced ischemic pain in otherwise pain-free volunteers. *Phys Ther* 83:208-23.

Palmer, et al. (1999). Alteration of interferential current and transcutaneous electrical nerve stimulation frequency: effects on nerve excitation. *Arch Phys Med Rehabil* 80:1065-71.

Glaser, et al. (2001). Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non-Acute Low Back Pain: A Randomized Trial. *The Journal of Pain* 2:295-300.

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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.

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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 received by 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 MRIOA 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.

The written opinions provided by MRIOA 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 MRIOA 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 MRIOA 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

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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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vso

cc: RS Medical
Travelers Indemnity Co