

MCMC

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

Date:	3/22/05
Injured Employee:	
Address:	
MDR #:	M2-05-0944-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

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.

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 2/23/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The purchase of an RS4i stimulator is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 41-year-old male with date of injury (DOI) of ___ and a diagnosis of low back pain. His MRI showed a L5/S1 bulge. The injured employee has had ESIs with some relief. His medications are not listed. His usage report indicates he used the unit about 70% of the time in the month of October, but there is no indication of usage after that. His Attending Physician's (AP) letter of request stated that he used it twice a day, every day. Some days he used it only for ten minutes. His subjective statement dated 11/15/2004 states it helps "a little" and that he still uses medications. It would have been helpful to see usage reports after 11/01/2004 but none were sent. Based on the information provided, the injured individual is not using the unit as prescribed and apparently the stimulator is not helping him very much, so its purchase is not warranted. The stimulator is also not recommended since it is an unproven treatment regimen according to the literature.

RATIONALE:

The AP's letter of request states the injured individual uses the unit twice per day consistently and has decreased medications and pain. The injured individual's subjective evaluation report states that it "helps a little bit" and he still uses medications. His computerized usage report only covered the month of October and the day of November first. I asked Mr. Basham at RS medical to fax me updated usage reports, but he stated that they had none as the injured individual had not sent any back. This usage report indicates that he used the unit 19 times in 25 days and on two days (10/09 and 10/16) he used it for about ten minutes. Based on his lack of sufficient usage (not consistently and not twice a day as the AP reports) and self-proclaimed statement that it only helps a little bit, it is not recommended. Also, usage after 11/01/2004 is completely unknown and unsubstantiated. 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 2/23/05
- TWCC MR-117 dated 2/16/05
- TWCC-60 stamped received 1/31/05
- Corvel: Pre-Authorization Determination letter dated 12/7/04, 12/20/04
- Flahive, Ogden and Latson: letters dated 3/7/05, 2/11/05; Internet Research, copy of ACOEM guidelines, Ch 3., copies of prior reviews and decisions (total 155 pages)
- RS Medical: Prescription dated 9/28/04
- S. Ali Mohammed, MD: letter to Midlands Claim Admin dated 11/12/04; follow-up note (undated); Patient Progress Report for 9/28/04 and 11/15/04; Patient Usage Report for 10/8 to 10/30/04, 11/1/04

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

22 day of March 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____