

MCMC

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

Date:	4/7/05
Injured Employee:	
Address:	
MDR #:	M2-05-1061-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute to address the prospective medical necessity of the proposed purchase of a RS-4i sequential, 4 channel combination interferential muscle stimulator, regarding the above-mentioned injured worker.

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 3/15/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The purchase of RS4i stimulator is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 48-year-old female with a date of injury (DOI) of _____. The diagnosis is low back and right leg pain. The myelogram done 09/04 showed L3/4 narrowing. She has had one epidural steroid injection (ESI) with no relief. She was reported noncompliant by Physiotherapy (PT), who stated that she showed up once per week, while she told her Attending Physician (AP) that she went twice per week. PT also noted she was probably not doing her home exercise program (HEP) on her own. The RS Medical company sent her usage report, which indicated less than 20 - 40% usage for the two months measured. Based on her noncompliance with PT, noncompliance with the RS unit, which is supposed to be used twice a day, and based on the literature which indicates it is not efficacious anyway, the purchase is denied.

RATIONALE:

The injured individual is a 48-year-old female with low back and right leg pain.

She has used the RS stimulator since 09/15/2004. The usage report submitted by the company indicates she used it six times in September after 9/15 and four times in October. Based on her poor usage record, purchase is not warranted. 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. 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. Reference #7 states: "experimentally induced cold pain was not influenced by interferential treatment." Finally, reference #8 states: "Insufficient evidence exists to determine the effectiveness of interferential therapy."

REFERENCES:

Medicare guidelines, which indicate interferential stimulators are recommended for atrophy only as associated with stroke, CP, etc.

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.
8. ACOEM guidelines 2004 pg 300 chap 12.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 3/15/05
- TWCC MR-117 dated 3/14/05
- TWCC-60
- Texas Mutual Insurance Company: Utilization Review findings dated 1/5/05, 12/20/04, 12/30/04; Case Summary dated 3/18/05
- RS Medical: Rx dated 11/12/04, 9/15/04; RS-4i product information
- Curtis Clogston, MD: Letter of Medical Necessity dated 10/29/04; Office Notes dated 8/25/04 through 9/30/04
- Alan Berg, DO: DDE dated 12/14/04
- Greater Austin Neurology Clinic: Neurophysiology Testing Notes dated 12/13/04
- Consultants in Pain Medicine: Demographic Sheet (undated); Office Notes dated 11/16/04
- South Texas Spinal Clinic: Follow-up Office Visit note dated 10/1/04, 8/26/04, 9/1/04
- Austin Radiological Association: Radiological Testing results dated 8/25/04, 9/2/04, 9/21/04

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

7th day of April 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____