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## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** March 24, 2005

**Requester/ Respondent Address:** TWCC  
Attention:  
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

Employers Insurance Co c/o Hammerman & Gainer  
Attn: Don York  
Fax: 512-231-0210  
Phone: 512-231-0202

**RE: Injured Worker:**  
**MDR Tracking #:** M2-05-1115-01  
**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 an Occupational Medicine reviewer (who is board certified in Occupational Medicine) 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.

**Submitted by Requester:**

- Prescription for RS4i 4 channel interferential and muscle stimulator unit by Dr. Singleton dated 9/29/04
- Letter of medical necessity by Dr. Singleton dated 11/25/04
- Various office visit notes by K. Alo, M.D. dated 7/27/04, D.L. Singleton, M.D. dated 9/29/04 and 11/11/04
- Letter from \_\_\_ to RS Medical
- Specific and subsequent medical report from S. Opersteny, M.D.
- Claimant usage reports from RS Medical for dates 10/4/04 – 10/30/04, 11/3/04 – 11/30/04, 12/03/04 – 12/28/04, 1/5/05 – 1/28/05, 2/2/05 – 2/8/05

**Submitted by Respondent:**

- Notice of pre-authorization review findings dated 12/15/04 from Professional Reviews, Inc. signed by R. Ong, M.D.
- Notice of Appeal Review Findings dated 1/6/05 from Professional reviews signed by N.D. Sharma, M.D.
- Letters from Dr. Singleton explaining medical necessity of RS4i sequential stimulator dated 11/25/04
- RS4i product literature from RS Medical, Inc.
- Reprint of article describing electrical muscle stimulation in the treatment of nonacute low back pain
- Duplications of claimant usage reports described above

**Clinical History**

The claimant is a 47 year old man who had a neck injury in \_\_\_ resulting in cervical disc displacement with radiculopathy. He was treated surgically but has developed chronic pain with radicular symptoms and muscle spasms. He has been treated by S. Opersteny, M.D. and referred to Dr. Singleton for chronic pain management. It is of note that the claimant has used the interferential and muscle stimulator unit for approximately 4 months. Clinic notes suggest some improvement in symptoms with multiple therapeutic modalities. Dr. Singleton states that the claimant is requiring less pain medication, has fewer muscle spasms, and an improved range of movement of the cervical spine. Claimant usage reports suggest that the claimant is using his RS4i stimulator unit 40-50% of the days that it is available.

**Requested Service(s)**

Purchase of a RS4i sequential 4 channel combination interferential and muscle stimulator unit.

**Decision**

I agree with the carrier and find that the services in dispute are not medically necessary.

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

This claimant has received a 4 month trial of therapy with the combination interferential and muscle stimulator unit, but simultaneously was using other therapeutic modalities. As such, the efficacy of this therapy is questionable.

A variety of authorities have suggested that there is insufficient scientific evidence to support the use of interferential and muscle stimulator units although they may have some value with short term use [Glass LS, Editor. Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Ed. 2004. Beverly Farms, MA. OEM Press; Philadelphia Panel Evidence-based clinical practice guidelines on selected rehabilitation interventions for low back pain. Phys Ther. 2001 Oct; 81(10): 1719-30].

The report of a study submitted by the provider was related to chronic back pain, not neck pain. This study did suggest benefit from the use of a similar device, the RS4M, as purely muscle stimulator, but noted that “electrical stimulation was discontinued at the 2 month interval”, and that “at the 2 month follow up interval, subjects in the treatment group had statistically improved lumbar spine function compared with the control subjects”; the reports also pointed out that “this effect continued during the last 4 months of the study after electrical stimulation had been discontinued”. This suggests that, in patients who are helped with the use of the device, improvement persists without the necessity for continuing treatment [Glaser JA, Blatz MA, Nietert PJ, Bensen CV. Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain; a randomized trial. J Pain 2001 Oct; 2(5): 295-300]

### **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

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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 claimant, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 24<sup>th</sup> day of March 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder