

MCMC

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

Date:	4/26/05
Injured Employee:	
Address:	
MDR #:	M2-05-1146-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute regarding the prospective medical necessity of the proposed tens unit trial for 30 days

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 proposed tens unit trial for 30 days is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 45-year-old male with a date of injury (DOI) of _____. The diagnosis is lumbar radiculopathy and neck and arm pain. He has had numerous injections with no relief. His Physiotherapist asked for a TENS unit for home use. The literature does not support this piece of equipment as efficacious.

RATIONALE:

This injured individual has had epidural steroid injections with no relief, trigger point injections, and a pain management program. EMG of the arms was normal; MRI showed protrusions C2-6, with a normal lumbar myelogram. The Attending Physician (AP) has now recommended a lumbar discogram. Physiotherapy recommended a TENS unit in 01/2005. The literature indicates TENS may be appropriate in the short term treatment in an acute pain setting. This individual has chronic pain. The literature also states there is a lack of well run clinical trials to confirm its efficacy, that large trials

are needed, and its effect on the sympathetic nervous system in response to painful stimuli is none. Therefore, its efficacy is questioned and medical necessity in this situation is none.

REFERENCES:

1. ACOEM pg 300, 174.
2. Pain Med 2004 Jun;5(2):150-61 Reeves JL.
3. J Pain 2003 Apr;4(3):109-21 Sluka KA.
4. Disabil Rehabil 2002 May;24(8):407-18 Rushton DM.
5. Cochrane Database Syst Rev 2000;(2)CD000210 Gadsby JG.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 3/15/05
- TWCC MR-117 dated 3/14/05
- TWCC-60
- TWCC-73
- Flahive, Ogden and Latson: Summary of Carrier's Position dated 3/8/05; letter to MCMC dated 3/28/05
- Forte: Notice of Utilization Review Findings dated 2/7/05, 2/9/05; Notice of Intent to Issue an Adverse Determination dated 2/4/05; Acknowledgement of Reconsideration Request dated 2/7/05
- Jacob Rosenstein, MD: Letter of Medical Necessity dated 2/6/05; Chart Notes dated 1/31/05 3/8/05
- Diagnostic Neuro Imaging: Report of Upper Extremity Electrodiagnostic Study dated 3/30/04
- John Sklar, MD: History and Physical dated 2/27/04
- Treatment Notes dated 2/24/04: No identification of provider, unsigned
- NYDIC: Report of MRI of lumbar spine dated 11/28/03
- Clearsky Imaging @ Denton: Report of MRI of Cervical Spine dated 6/20/03
- WorkHab: FCE dated 2/20/05

The reviewing provider is a Licensed 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 of 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

26th day of April 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____