April 1, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-1158-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Pain Management and Anesthesiology. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 61 year old male was injured at work on ___ and has had multiple MRIs of the lumbosacral and cervical spine, EMG/NCVs, multiple discectomies and fusions, multiple epidural steroid injections and physical therapy. He has also had a trial of RS4i muscle stimulator.

Records Reviewed:

Records from Doctor/Facility: Office notes from Dr. Avila; epidural steroid injection procedure notes, RS Medical prescription

Records from Carrier: epidural steroid injection procedure notes - Dr. Avila, multiple levels; IPRC/Dynamic Pain & Injury Relief, Inc. daily treatment logs/notes; notes from Injury, Pain and Rehabilitation Center, also physical therapy notes and prescriptions; office notes from Dr. Avila; diagnostics: multiple MRIs, plain lumbar spine reports; TWC work status reports; Office notes from San Antonio Spinal Diagnostics (multiple dates); Diagnostic Neuro Imaging-CT and Xrays of lumbosacral spine; Hartford Physician Advisor Referral/Review; RS Medical prescriptions; RS Medical RS4i product information; letter for Dr. Stitch; St. Mary's Behavioral Pain management notes; Epidural steroid injection procedure notes-Dr. Shay; Intracorp-WC Compensation Physician Advisor Review; Intracorp-nurse's chronological list of submitted records; EMG/Nerve conduction studies-multiple dates; PMC Rehab 2000-exercise records; Concentra Peer review/correspondence-multiple; Worker's compensation reports-Dr. Garza-Vale; notes and procedure notes-Texas Case Management; office notes of Dr. P Garcia; office notes of Dr. H Herrerra; office notes of Dr. H Damaniego; office notes Dr. R Parra, office notes of Dr. D Hirsch, office notes of Dr. Samaniego, office notes - Alamo Bone and Joint-Dr. Simmons; Pain Management consultation/notes/procedure notes-Dr. Singh; San Antonio Chronic Pain Management-Psychiatric evaluations; office notes of Dr. G Zavala; note of K. Bottorff-Forte; correspondence-HCA.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the purchase of an RS4i sequential 4 channel combination interferential and muscle stimulator.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the long term effectiveness of interferential therapy has not been established in peer-reviewed medical literature. The following studies support the conclusion that interferential therapy is not efficacious in long term therapy.

Alves-Guerreiro, J, et al. ("The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold." *Clinical Physiology*, 2001; 21(6): 704-711) compared the effect of three electrotherapeutic modalities on peripheral nerve conduction and mechanical pain threshold in a randomized, double-blind trial with a control group included 40 healthy volunteers. They found that there was no statistically significant differences for the mechanical pain threshold measurements.

Werners, R, et al. ("Randomized trial comparing interferential therapy with motorized lumbar traction and massage in the management of low back pain in a primary care setting." *Spine*. 1999; 24 (15): 1579-1584)compared interferential therapy against motorized lumbar traction

combined with massage in the management of low back pain. After 3 months of therapy, the Interferential therapy patients did not differ significantly from patients receiving lumbar traction with massage in disability or pain score improvement.

Additionally, the Philadelphia Panel Physical Therapy Study found little or no supporting evidence to include this modality in the treatment of chronic pain greater than 6 weeks.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes 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 (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 1st day of April 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli