

March 24, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-1159-01

CLIENT TRACKING NUMBER: M2-05-1159-5278

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

Records from state (TWCC):

- Notification of IRO Assignment, dated 3/16/05 - 10 pages

Records from Requestor (RS Medical):

- Follow-up notes, S. Ali Mohamed, MD, dated 9/14/04, 12/20/04 - 3 pages
- RS Medical Prescription, dated 10/7/04, 10/15/04, 12/20/04 - 3 pages
- Letter to Highlands Insurance from Dr. Mohamed, dated 12/3/04 - 1 page
- Fax coversheet to MRIOA from RS Medical, dated 3/23/05 - 1 page

Records from Respondent (Highlands Insurance Company):

- Letter to MRIOA from Beverly L. Vaughn, Attorney At Law, dated 3/22/05 - 2 pages
- Position Statement of Insurance Carrier - 1 page

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Preauthorization denials – 1 page

- Letter to RS Medical from Rita Hlister, Utilization Review Nurse, dated 12/29/04, 1/13/05 – 4 pages

Employer's Report of Injury – 1 page

- Employer's First Report of Injury or Illness, dated 8/11/99 – 1 page

Diagnostic Reports – 1 page

- Radiology report, dated 8/18/99 – 1 page
- MRI of Lumbar Spine, dated 4/6/00 – 1 page
- MRI Sacrum, dated 4/6/00 – 1 page
- MRI of Right Shoulder, dated 4/6/00 – 1 page
- MRI of Cervical Spine, dated 5/10/01 – 1 page
- MRI Right Knee, dated 11/8/00 – 1 page
- Nerve Conductions Velocity, dated 4/17/00, 11/1/00, 12/20/00 – 6 pages
- CT L Spine (Post Discogram), dated 3/23/04 – 1 page
- Lumbar Discography, L3-4, L4-5, L5-S1, dated 3/23/04 – 2 pages
- Duplicates – 1 page

Jorge Tijmes, MD – 1 page

- Maximum Medical Improvement, Jorge E. Tijmes, MD, dated 10/9/01 – 3 pages
- Figure 83. Lumbar Range of Motion – 1 page
- Table 49. Impairments Due to Specific Disorders of the Spine – 1 page
- Figure 84. Spine Impairment Summary – 1 page
- Addendum Maximum Medical Improvement, Dr. Tijmes, dated 1/15/02 – 3 pages

Dr. Lembo – 1 page

- Exam, Dr. Lembo, dated 8/4/99 – 1 page

Michael Leonard, MD – 1 page

- Exam, Michael M. Leonard, MD, dated 8/13/99 – 2 pages
- Follow-up notes, Dr. Leonard, dated 8/17/99, 8/24/99, 8/31/99, 9/8/99, 9/13/99, 9/21/99, 9/27/99, 10/5/99, 10/19/99, 10/22/99, 10/26/99, 11/2/99, 11/16/99, 12/6/99 – 14 pages
- Letter To Whom It May Concern from Dr. Leonard, dated 12/6/99 – 1 page

S. Ali Mohamed, MD-Orthopedic Rehabilitation Institute – 1 page

- Initial Comprehensive Evaluation, S. Ali Mohamed, MD, dated 2/1/00 – 4 pages
- Follow-up notes, Dr. Mohamed, dated 2/21/00, 4/11/00, 5/16/00, 7/10/00, 7/24/00 (pages 1,2 of ?), 9/26/00, 10/16/00, 11/3/00, 11/7/00, 1/16/01, 2/6/01, 3/5/01, 4/9/01, 5/8/01, 6/4/01, 6/25/01, 7/23/01, 9/17/01, 10/15/01, 12/17/01, 1/14/02, 2/19/02, 3/18/02, 4/16/02, 6/11/02, 8/6/02, 9/17/02, 10/22/02, 2/11/03, 12/9/03, 3/9/04, 5/4/04, 6/1/04, 7/13/04, 9/14/04 – 93 pages
- Specific and Subsequent Medical Report, dated 2/24/00, 2/25/00, 6/6/00, 7/18/00 – 4 pages
- Initial Consultation Note, Bruce R. Strach, DC, dated 3/6/00 – 3 pages
- Procedure Note, Dr. Mohamed, dated 5/5/00, 8/29/00, 9/19/00, 12/12/00, 12/19/00 – 10 pages
- Follow-up notes, Dr. Strach, dated 5/19/00, 8/11/00, 9/20/00, 12/4/00, 1/12/01 – 10 pages
- Follow-up notes, Sandra G. Quintana, DC, dated 2/5/01, 2/23/01, 3/19/01, 4/30/01 – 8 pages
- Follow-up notes, Tony Bennett, DC, dated 2/24/01, 6/28/01, 8/9/01, 9/4/01, 9/20/01, 12/18/01 – 12 pages

- Page 2 of 2, signed by therapist, dated 8/20/02 – 1 page
- Report of Medical Evaluation (Permanent Medical Impairment), dated 12/13/01 – 3 pages
- Specific Lumbar Spine Disorders, dated 12/13/01 – 1 page
- Right Upper Extremity Impairment Evaluation Record, dated 12/13/01 – 1 page
- Lumbosacral Range of Motion, dated 12/13/01 – 1 page
- Duplicates – 1 page
- Valley Center for Pain & Stress Management – 1 page
- Mental Health Assessment, dated 7/11/02 – 14 pages
- Treatment Plan Review, dated 2/14/03 – 14 pages
- Valley Orthopedic Surgery – 1 page
- Evaluation, dated 1/3/03 – 5 pages
- Fred Perez, MD–Medical Institute of South Texas – 1 page
- Initial Medical Evaluation, dated 10/21/04 – 3 pages

**Summary of Treatment/Case History:**

The patient is a 35 year old female injured on \_\_\_\_\_. The patient treated with multiple MDs utilizing medications, PT, and massage. She began seeing Dr. Mohamed on 2/1/00. MRI of 4/00 showed HNP L5/S1, C5/6, normal shoulder, and DJD knee. Dr. Mohamed has done ESIS, facets, SI injections, manipulation, a lumbar discogram all prior to 6/04 which is when the RS stim is first mentioned. Her initial pain scores for low back, neck, shoulder and legs were 7/10 on 2/1/00. Despite initiating multiple medications, doing injections, and then providing an RS4i stimulator (sometime prior to 6/04 as this is the first mention of it but he states she continues to use it), her pain scores have increased or not changed in any area. Dr. Mohamed's letter of necessity for the RS stim states the patient uses the unit twice a day, it has decreased her pain, and decreased her medication requirements. Dr. Mohamed's last note of 9/14/04 states her neck pain is 7/10, low back is 9/10, legs are 6/10. Her meds have increased over time to currently include bextra, celebrex, ultram, robaxin, and lidoderm patch.

Dr. Perez's consult on 10/21/04 states her pain scores are 7/10 and he recommends possible lumbar surgery. There is no computerized usage report from the DME company to corroborate the patient's usage.

**Questions for Review:**

1. Please address prospective medical necessity of the proposed purchase of RS4i muscle stimulator.

**Explanation of Findings:**

The patient has had the RS 4i stim since at least 6/04. There is no usage report provided to corroborate usage which the MD claims is twice daily for 50 min. He also claims the patient has been able to decrease medications and decrease pain due to using the unit. The multiple notes prove this is to be incorrect as her pain scores have actually increased (lumbar) or stayed the same while her medications have increased over time. The RS4i stim is not impacting her in any positive way.

**Conclusion/Decision to Not Certify:**

The purchase of the RS4i stim is not medically necessary.

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**Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Guidelines used are common practice among pain MDs.

Ref #1 states 50% of the patients in the study dropped out prior to completion which questions the results of the study. Ref #2 states: "despite deficient support from sound research data..." which indicates studies on this are minimal. Ref #3 indicates interferential therapy is completely ineffective while Ref #4 summarizes that it is comparable to a TENS unit at best. Ref #5 says "there is no clinically important benefit of different frequency TENS tx.". Ref #6 states: "the application of interferential therapy had no overall beneficial effect on delayed onset muscle soreness. Finally, ref #7 states: "experimentally induced cold pain was not influenced by interferential tx."

**References Used in Support of Decision:**

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 Physiol Funct Imaging Sept 2002;22(5):339-347 Minder PM.
7. Arch Phys Med Rehab Sept 2003;85(9):1387-94 Johnson MI.

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The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to the medical dispute may disagree with all or part of this 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

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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 twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
POB 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc:

RS Medical  
Highlands Insurance Company