



Specialty Independent Review Organization, Inc.

May 4, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1351-01
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 Neurology. 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

The records submitted indicate that ___ is photographer. On ___ she tripped at work and fell backwards injuring her neck and right arm.

Record indicated that ___ saw Dr. Kristi Corder, a chiropractor, from February 16, 2004 through June 27, 2004. She received chiropractic manipulative therapy and home exercises plus instructions to apply ice. Dr. Corder felt that ___ was not limited from performing any of her activities

___ came under the care of Dr. Mark Pretorius a neurologist beginning with a consultation on June 28, 2004. She reported that ever since her accident on ___ she had back neck pain

with radicular symptoms radiating into her right arm. Plain x-rays of the right hand and cervical spine done previously on June 23, 2004 were normal. Dr. Pretorius documented a normal neurologic examination; although, she could reproduce her symptoms by turning her neck to the right laterally. He also performed an EMG study, which showed a mild right median nerve lesion at the wrist but no EMG evidence of cervical radiculopathy. He recommended restricting activities at work, neck exercises, Celebrex, a wrist splint and an MRI of the cervical spine.

The MRI study was performed on June 30, 2004 and showed "a minimal central disk extrusion at C6-7". There was no mass effect upon the spinal cord or thecal sac or narrowing of the central canal. There was some facet hypertrophy on the left at C5-6 where there was mild stenosis. Also noted was mild cervical spondylosis and foraminal stenosis at C6-7 with encroachment on the left neuroforamen. There was no evidence of right foraminal stenosis at either level.

Dr. Pretorius saw ___ again on July 13, 2004. He described her examination as "unchanged". He recommended referral to Dr. Richard Jones a physiatrist.

Records from Dr. Richard Jones indicate an office evaluation on September 27, 2004. He noted "The patient tender to palpate the cervical spine. Some significant muscle spasms and tightness noted". He does not provide any further localization of this finding. He noted "positive impingement sign with cervical spine movement radiating down the right arm". He did not comment on any motor deficits. He described her sensory function and reflexes as normal. The impression was 1) Cervical radiculopathy. 2) Mild right carpal tunnel syndrome. 3) Right wrist pain and tendonitis. He recommended Vioxx, Ultram and continued physical therapy. In subsequent visits, she reported that the physical therapy was not very helpful. She was using low doses of Xanax p.r.n. with some relief. On November 9, 2004 Dr. Jones recommended referral to Dr. Shin a pain management specialist for an epidural steroid injection and a possible repeat MRI scan. The repeat MRI study was denied. Dr. Jones also prescribed use of an RS-4i sequential interferential muscle stimulator unit. On April 8, 2005 he noted that Dr. Shin had performed a second injection on March 17, 2005 and had recommended referral to Dr. Stovall for possible cervical surgery.

A single office visit from Dr. Shin was reviewed. This was dated December 10, 2004 and consisted of a pain management consultation. At this visit, Dr. Shin recommended cervical epidural steroid injection.

Submitted with the records is an article by John Glaser from the Journal of Pain October 2001 for use of the RS-4i stimulator for low-back pain. It is noted that this was a prospective randomized double blind placebo controlled trial of 6 months duration for low back pain. There were 80 patients enrolled, but 42 discontinued before completing the entire study protocol. The explanation given for this by the author was "a majority of subjects were simply unable to comply with the study protocol, became unblinded or were lost in follow-up".

Documents reviewed:

1. Office progress noted and EMG report: Mark Pertorius, MD June 28, 2004 through July 13, 2004.
2. Office progress notes, treatment records, office billing records and correspondence: Kristi Corder, DC September 29, 2003 through August 19, 2004.
3. Office progress notes and correspondence: Richard R. Jones, MD September 27, 2004 through April 8, 2005.
4. Consultation: Edward Shin, MD December 10, 2004.
5. Cervical spine x-rays 2 views and right hand x-rays: June 21, 2004.
6. MRI of the cervical spine without contrast: June 30, 2004.
7. Medical necessity review: Ephraim Brenman, DO November 19, 2004.
8. Workers Compensation Nurses Chronologic list of submitted records: Intracorp November 23, 2004.
9. Review determination: Hartford Insurance Company, Casey Cochran, DO December 06-04.
10. Review determination: Hartford Insurance Company, Jack Yatsu, MD January 27, 2005.
11. Correspondence, product description, patient usage diary, prescriptions and letters of medical necessity: RS Medical 11/17/04 through April 21, 2005.
12. Glaser J., M. Baltz, P. Nietert, C. Bensen. Title Electrical Muscle Stimulation as an Adjunct to Exercise, Therapy and the Treatment of Nonacute Low Back Pain: A randomized trial. *The Journal of Pain*, volume II, number 5 (October), 2001, pages 295 –300.

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 RS-4I interferential sequential muscle stimulator unit is FDA approved for disuse atrophy and spinal cord injury not for chronic neck and extremity pain. There are no placebo-controlled, randomized prospective trials indicating a benefit with chronic usage in neck or extremity pain. There are no studies demonstrating benefit over other treatment modalities.

References:

Alves-Guerreiro, J., J.G. Noble, A.S. Lowe and D.M. Walsh. 2001. The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold. *Clinical Physiology* 21 (6): 704-711.

Glaser, J.A., M. A. Baltz, P.J. Niertert and C.V. Bensen. 2001. Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain: a randomized trial. *The Journal of Pain* 2 (5): 295-300.

Johnson, M.I. and G. Tabasam 2003. An investigation into the analgesic effects of interferential currents and transcutaneous electrical nerve stimulation on experimentally induced ischemic pain in otherwise pain-free volunteers. *Physical Therapy* 83 (3): 208-223.

Medicare Compliance Manual 2003: 917-918.

Minder, P.M., J.G. Noble, J. Alves-Guerreiro, I.D. Hill, A.S. Lowe, D.M. Walsh and G.D. Baxter. 2002. Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness. *Clinical Physiology and Functional Imaging* 22 (5): 339-347.

Palmer, S.T., D.J. Martin, W.M. Steedman, and J. Ravey. 1999. Alteration of interferential current and transcutaneous electrical nerve stimulation frequency: effects on nerve excitation. *Archives of Physical Medicine and Rehabilitation* 80: 1065-1071.

Taylor, K., R.A. Newton, W. J. Personius and F.M. Bush. 1987. Effects of interferential current stimulation for treatment of subjects with recurrent jaw pain. *Physical Therapy* 67 (3): 346-350.

Van der Heijden, G., P. Leffers, P. Wolters, J. Verheijden, H. van Mameren, J. Houben, P. Knipschild. 1999. No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomized controlled trial. *Annals of Rheumatic Diseases* 58: 530-540.

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 5th day of May 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli