



Specialty Independent Review Organization, Inc.

May 17, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1508-01
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 ___ has been employed as a flight nurse. She suffered an on the job injury on ___. While lifting and carrying 4 boxes, she fell and injured her neck, lower back and right shoulder. There are no actual treatment records or ER reports submitted from the time of her injury.

She presented to Dr. Kannan, her primary care physician, and had x-rays taken, which showed reversal of the normal cervical lordosis centered at C5, and thoracic spine x-rays, which showed mild thoracic levoscoliosis, centered at T8. She was treated with ibuprofen and Medrol. She was also referred to physical therapy. However, she continued to experience pain in her midback radiating to the right neck and right side with a feeling of pressure in her cervical area.

She then came under the care of Dr. Ricardo Ochoa, beginning in December 2004. Dr. Ochoa referred her for an MRI of the cervical and thoracic spine. The thoracic spine was done with and without contrast and was read as demonstrating a bulging disk at C4-5 and C5-6 and to a lesser degree at C6-7, but no evidence of disk herniation, spinal stenosis, or neuroforaminal stenosis. A thoracic MRI showed at T10-11, a moderate posterior disk herniation on the left and at T11-12 a slight posterior disk herniation.

She was then seen on February 08, 2005 by Dr. Donald Kramer and Dr. Karen Dickerson for neck, right thoracic pain, lumbar pain and right shoulder pain. Drs. Kramer and Dickerson recommended thoracic facet injections from T9 to T12. However, these were denied. Also, she was placed at maximal medical improvement by Dr. Claudia Pierson, as of July 25, 2004. Dr. Pierson, in her report of January 25, 2005, recommended an EMG of her right upper and right lower extremity due to complaints of numbness and tingling in the second and third digits of the right upper extremity, plus an MRI of the right shoulder.

Drs. Kannan and Ochoa recommended use of an RS-4i muscle stimulator to alleviate her neck, thoracic and lumbar region pain. According to a note signed by ____, which was not dated, she reported good relief of her pain with the use of the device and the fact that she did not need to take medication as often when she was using the stimulator.

Records Reviewed:

1. Pre-authorization for purchase of RS-4i interferential muscle stimulator unit, by Robin R. Walker, LPN dated 03-4-05.
2. Prescriptions for RS-4i interferential stimulator unit signed, by Ann Kannan, DO dated 11-23-04 and by, Dr. Ricardo Ochoa, dated 02-04/05
3. Letter of medical necessity for continued use of the RS-4i stimulator signed by, Dr. Ochoa on 02-07-05. (Please note this is a boilerplate document written by the RS medical company and signed by the provider.)
4. Letter To Whom It May Concern, by ____, RN, not dated or signed.
5. Patient usage report 11-23 to 11-29-04 RS Medical.
6. Pre-authorization letter for purchase of RS-4i stimulator unit, by Lois Garcia RN, dated 02-23-05.
7. Office progress note Donald Kramer, MD and Karen Dickerson, MD dated 02-08-05.
8. X-rays of the cervical and thoracic spine 11-03-04.
9. Pre-authorization for thoracic facet blocks T9 to T12, Lois Garcia, RN, dated 02-01-05.
10. Report of medical evaluation, Claudia Peirson, MD, 01-25-05, including a review of medical history and physical examination and estimated MMI date.
11. Office progress note, Donald Kramer, MD and Karen Dickerson, MD, dated 11-05-04.
12. MRI of the cervical and thoracic spine, dated 01-06-05.

REQUESTED SERVICE

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

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The RS-4i sequential 4-channel combination interferential muscle stimulator is medicare approved for use in spinal cord injury and disuse atrophy. There have been no well-controlled blinded studies indicating benefit over other treatment modalities in treatment of chronic neck or back pain or limb pain. Therefore, its purchase is not medically justified.

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 randomised 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 17th day of May 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli