



Specialty Independent Review Organization, Inc.

July 7, 2005

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-1852-01  
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 Anesthesia. 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 patient was injured in a motor vehicle accident on \_\_\_ and has had an MRO of the thoracic spine which shows compression of the T4 endplate. He has also had a trial of RS-4i muscle stimulator. Dr. Stanton has made the diagnosis of intercostals neuritis and performed intercostals nerve blocks. Mr. \_\_\_ has also had epidural steroid injections.

#### Records reviewed:

- Genex services-non-authorized recommendations
- Records from Doctor/Facility
- RS Medical prescriptions, usage reports
- Metroplex Pain management notes

Office notes form Dr. Seim  
Metroplex Pain management consultation, interim history and physical exam  
Notes, operative reports, discharge summaries  
RS Medical prescriptions  
Chest x-ray report  
MRI report  
Records from Carrier:  
Report of Dr. Cole  
Genex services-non-authorization recommendations

#### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the purchase of an RS-4i 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.

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 8<sup>th</sup> day of July 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**