

July 21, 2005

VIA FACSIMILE

RS Medical

Attention: Joe Basham

VIA FACSIMILE

TASB Risk Management Fund

Attention: David Wagner

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-1974-01
TWCC #:
Injured Employee:
Requestor: RS Medical
Respondent: TASB Risk Management Fund
MAXIMUS Case #: TW05-0141

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 49-year old female who sustained a work related injury on _____. The patient reported that while a cafeteria manager she strained her left lower back while pulling milk to load bins for breakfast and lunch. She noted the sudden onset of pain. She was diagnosed with lumbar strain and was treated with physical therapy and medication. An EMG was reported to have indicated no evidence of radiculopathy or neuropathy. An MRI reported multi-level disc bulges with no disc herniation. The purchase of the stimulator has been requested for further treatment of her condition.

Requested Services

Purchase of an RS4i sequential, 4-channel combination interferential & muscle stimulator.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. None

Documents Submitted by Respondent:

1. Preauthorization request
2. Medical examination by Hooman Sedighi, MD – 9/16/04
3. MRI lumbar spine – 12/13/03
3. EMG/NCV of the lower extremities – 12/23/03
4. Leland Medical Plaza physical therapy and physician notes – 12/9/02-1/3/03
5. Medical evaluation by Myra Gillean, MD – 1/3/03
6. Promed Occupational and physical therapy notes – 7/24/03-8/8/03
7. Records from Douglas Wood, DO – 11/20/03-7/8/04

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that an MRI showed multi-level disc bulges with no disc herniation. The MAXIMUS physician reviewer also noted inferential stimulation (RS4i) is characterized by 2 alternating current sign wave of differing frequencies that work together to produce an interferential current that is also known as a beat pulse alternating modulation frequency. The MAXIMUS physician reviewer explained that interferential stimulation reportedly can stimulate sensory, motor, and pain fibers. The MAXIMUS physician reviewer indicated because of the frequency, the interferential wave meets low impedance when crossing the skin to enter the underlying tissue. The MAXIMUS physician reviewer also explained deep tissue penetration can be adjusted to stimulate parasympathetic nerve fibers for increased blood flow. The MAXIMUS physician reviewer noted that according to proponents, interferential stimulation differs from other units of muscle stimulation because it allows deeper penetration of the tissue with greater compliance and increased circulation.

The MAXIMUS physician reviewer also noted some individuals claim that interferential stimulation is effective in reducing pain and use of pain medication, edema and inflammation, healing time, range of motion, activity levels and quality of life. The MAXIMUS physician reviewer explained there are very few well-designed studies, such as randomized, double blind, controlled clinical trials, which support such claims. The MAXIMUS physician reviewer indicated that Low in 1988 reported that in spite of wide spread agreement among physiotherapists that interferential stimulation decreases pain effects, there was a paucity of objective investigations into this analgesic effect. The MAXIMUS physician reviewer also explained that Low suggested that the therapeutic and physiologic effects of interferential currents require further investigation. The MAXIMUS physician reviewer indicated that Goats in 1990 supported Low's suggestion and reported that evidence supporting use of interferential stimulation in the control of pain and

edema appeared mainly anecdotal. The MAXIMUS physician reviewer also explained Reitman and Esses in 1995 noted that there were no controlled studies proving the effectiveness of interferential stimulation. The MAXIMUS physician reviewer noted that that in randomized placebo-controlled study, Van Der Heijden in 1999 evaluated the effectiveness of interferential stimulation and compared it to pulse ultrasound as adjuvant to exercise therapy for soft tissue shoulder disorders. The MAXIMUS physician reviewer also noted the study concluded that neither interferential therapy nor ultrasound proved to be effective as adjuvant to exercise therapy for soft tissue shoulder disorders. The MAXIMUS physician reviewer explained there is insufficient evidence to support the benefit of interferential therapy such as the RS4i unit for treatment of patients with musculoskeletal or neurologic injuries. (Low JL. Shortwave diathermy, microwave, ultrasound and interferential therapy. In: Pain Management in Physical Therapy. RE Wells, et al., eds. Stamford, CT: Appleton & Lange; 1988; Ch. 11:113-168, Goats GC. Interferential current therapy. Br. J Sports Med. 1990; 24(2): 87-92, Reitman C, Esses SI. Conservative options in the management of spinal cord disorders, Part I. Bed rest, mechanical and energy-transfer therapies. Am J Orthop. 1995;24(2):109-116, Van Der Heijden GJ, Leffers P, Wolters PJ, et al. No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: A randomized controlled trial. Ann Rheum Dis. 1999;58(9):530-540.)

Therefore, the MAXIMUS physician consultant concluded that the requested purchase of an RS4i sequential, 4-channel combination interferential & muscle stimulator is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

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.

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

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 **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/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

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. (Commission Rule 133.308(t)(2)).

Sincerely,

MAXIMUS

Lisa Gebbie, MS, RN
State Appeals

cc: Texas Workers Compensation Commission

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 21st day of July 2005.

Signature of IRO Employee: _____
External Appeals Department