



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:
IRO CASE NUMBER: M2-05-1995-01
NAME OF REQUESTOR: RS Medical
NAME OF PROVIDER: Helson Pacheco, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 07/27/05

Dear RS Medical:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for Texas Workers' Compensation Commission (TWCC) to randomly assign cases to IROs, TWCC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known

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conflicts of interest that exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for determination prior to referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

A prescription from RS Medical dated 01/27/05 on RS-4i electrical stimulator
Therapy notes on 02/15/05, 02/16/05, 02/17/05, 03/02/05, 03/03/05, 03/09/05, 03/10/05, 03/15/05, and 03/22/05 with Allen Wadja, P.T. at El Paso Orthopedic Surgery Group and Center for Sports Medicine

An evaluation with Helson Pacheco-Serrant, M.D. dated 02/24/05 from El Paso Orthopedic Surgery Group and Center for Sports Medicine

A letter To Whom It May Concern dated 03/08/05 from Dr. Serrant

Another prescription from RS Medical dated 03/18/05 for the RS-4i electrical stimulator

A utilization review notice from IMO dated 04/14/05

Another utilization review note was dated 05/05/05 from IMO

A follow-up evaluation with Dr. Serrant dated 05/26/05

A letter dated 06/30/05 from Down Stanford P.T.

Clinical History Summarized:

An RS-4i medical stimulator was prescribed on 01/27/05 by an unknown physician (the signature was illegible). From 02/16/05 through 03/22/05, the claimant attended therapy with Mr. Wadja and received lumbar stabilization exercises and therapeutic exercises. On 02/24/05, Mr. Serrant evaluated the claimant, who had a 360 degree lumbar fusion and instrumentation at L4-L5 and L5-S1 about two months prior. The diagnoses were a herniated lumbar disc and low back pain, which was mostly improved. Home therapy was recommended. Dr. Pacheco addressed a letter To Whom It May Concern on 03/08/05, requesting the need for the RS-4i stimulator. Another prescription from RS Medical was dated 03/18/05 for the purchase of the RS-4i stimulator from the unknown physician. An utilization review note was dated 04/14/05 from IMO, which non-authorized the purchase of an RS-4i muscle stimulator. On 05/05/05, IMO addressed another utilization review notice, again non-authorizing the purchase of the RS-4i stimulator. On 05/26/05, Mr. Serrant noted the claimant failed conservative treatment and was

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referred to a pain management doctor. A letter from Down Stanford, P.T. dated 06/30/05 noted the requestor had denied preauthorization for the RS-4i stimulator as it was not medically necessary because there was no documentation of how to reduce the claimant's medication, reduce her healing time, and return her to work. Additionally, the most current medical from the El Paso Orthopedic Surgery and Center for Sports Medicine indicated the claimant did not have much pain.

Disputed Services:

The purchase of an RS4i muscle stimulator

Decision:

I agree with the insurance carrier as the purchase of the RS4i muscle stimulator did not appear necessary.

Rationale/Basis for Decision:

There was no necessity for the use of such a muscle stimulator. The AECOM Guidelines state on Page 300 that physical modalities "such as massage, diathermy, laser treatment, ultrasound, percutaneous electrical nerve stimulation, and biofeedback have no proven efficacy in treating acute or chronic lower back symptoms". There are no articles of scientific literature that demonstrate the efficacy of this type of treatment. Peer reviewed literature showed the electrical stimulation was no better than placebo treatment in the treatment of chronic lower back pain. Meta-Analysis by Brosseau et. al. in *The Journal of Spine*, 2002, presented no evidence to support the use or nonuse of TENS or electrical muscle stimulation in the treatment of chronic lower back pain. I am unable to find any scientific research that demonstrated a clear picture of applicability in either the cervical or lumbar spines. Therefore, I do not believe the purchase of such a muscle stimulator would be reasonable or necessary, as related to the original injury.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Commission decision and order.

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YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 received by the TWCC Chief Clerk of Proceedings/Appeals Clerk **within ten (10) calendar days** of your receipt of this decision (28 Texas Administrative Code 1133.308 (v) (1)).

If disputing other prospective medical necessity (preauthorized) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk **within twenty (20) calendar days** of your receipt of this decision (28 Texas Administrative Code 148.3).

This decision is deemed received by you **five (5) calendar days** after it was mailed (28 Texas Administrative Code 102.5 (d)). A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P. O. Box 17787
Austin, TX 78744

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.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, TWCC and the claimant via facsimile or U.S. Postal Service this day of 07/27/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel