



Specialty Independent Review Organization, Inc.

July 27, 2005

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-2016-01  
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

\_\_\_ suffered a work-related injury on \_\_\_ after unpacking some boxes at work. She developed back pain with right lower extremity radicular symptoms.

Records indicate she was seen in the emergency room on several occasions in August and September of 2003 and was then referred to a provider, Dr. Thomas Cherry. There are no records submitted from Dr. Cherry. She had an MRI of the lumbar spine on 09-22-03, which showed a mild concentric disk bulge at L4-5. She was then seen by Dr. Kevin Pauza, who diagnosed her with right L4 radiculopathy and recommended an epidural steroid injection. She was also treated with Vicodin and home exercises. There are no records submitted from Dr. Pauza.

She presented to Dr. Kenneth Kemp Jr. on 12-23-03 for a designated doctor evaluation / impairment rating. Dr. Kemp is a physical medicine and rehabilitation specialist. He noted on examination that she has no overt pain behaviors. She had good range of motion of lumbar flexion and extension with a notable increase in pain with lumbar extension. She had negative straight leg raise bilaterally and negative Faber maneuver bilaterally. She was noted to have tenderness to palpation over the lower lumbar facets especially the L4-5 level, right greater than left. Her neurologic examination including strength, sensation, and reflexes were intact. Dr. Kemp felt she was a maximum medical improvement as of 12-23-03 with an impairment of 5 percent.

\_\_\_ came under the care of Dr. Robert Sutherland, from Tyler Neurosurgical Associates. Dr. Sutherland's specialty appears to be interventional pain management. He evaluated her on 04-06-04 and noted that she was neurologically intact. He noted on her MRI that she had a minimal concentric disk bulge at L4-5 without stenosis or foraminal stenosis. He recommended a confirmatory medial branch block on the right at L3 to L5 with selective right L5 epidural steroid injection. If there was no relief, he suggested a provocative diskogram from L3-4 to L5-S1.

She returned on 05-05-04. She was complaining of pain with prolonged sitting. She was described as being in moderate distress due to pain. The examination was significant for tenderness bilaterally in the paravertebral muscles at the lumbosacral junction.

On 11-06-04, approximately 6 months after that visit, Dr. Sutherland performed a provocative diskogram at L3-4 to L5-S1. This revealed concordant pain at L4-5. There was slight bulging of the disk noted, but no tears. On 11-16-04, at an office follow-up visit, Dr. Sutherland recommended the confirmatory medial branch block at L3 to L5 on the right. This was performed on 12-07-04. This produced 100 percent relief of her left-sided symptoms for 6 hours and 40 percent relief for 6 hours on the right. Dr. Sutherland then recommended a medial branch neurectomy bilaterally from L3 to L5. This procedure was carried out on 01-04-05.

On 02-02-05, the neurotomy provided complete relief for several days and overall a 75 percent relief from the procedure. However, she then developed a cold and had coughing and noticed increasing pain in her back attributed to the coughing. Dr. Sutherland, then recommended an RS-4i Sequential Stimulator and this did provide some relief. He wrote a letter requesting purchase of the RS-4i Sequential Stimulator, dated 04-08-05.

The records also indicate that \_\_\_ was evaluated by Dr. Ritesh Prasad, a physical medicine and rehabilitation specialist, on 05-23-05. Dr. Prasad noted that she had right L4-5 and L5-S1 facet joint tenderness and myofascial tenderness in the gluteal muscles, but no sacroiliac tenderness. She had decreased range of motion in flexion and extension. Her neurologic function was intact to sensation, strength, and reflexes. The impression was L4-5 radiculopathy and chronic pain syndrome. He recommended referral to pain psychologist and ordered an FCE. She was taking Norco and Soma, which he renewed, and was considering placing on her Methadone a Duragesic.

On 06-16-05, Dr. Prasad saw \_\_\_ for follow-up. Her physical examination was deferred at that time. She applied for disability and was denied. He was considering enrolling her in a chronic pain program.

Pertinent test results include: An MRI of the lumbar spine dated 09-22-03, which showed a minimal concentric disk bulge at L4-5 without spinal stenosis or foraminal stenosis. CT of the lumbar spine 11-09-04, obtained post diskogram was normal with mild diffuse protrusion at L5-S1.

#### Records Reviewed:

1. Non-authorization letters addressed to RS Medical from Texas Mutual Insurance, dated 05-03-05, and 05-12-05.
2. Physician Summary designated doctor evaluation and impairment rating, by Kenneth R. Kemp Jr. MD dated 12-23-03.
3. Office progress notes and correspondence, 04-06-04 through 04-08-05, by Robert Sutherland, MD.
4. Office progress note 05-24-05, Kevin Paul, MD.
5. Procedure notes, Mother Frances Hospital, 11-09-04 to 01-04-05, Robert Sutherland, MD.
6. Office progress notes, 05-23-05 to 06-126-05, Ritesh Prasad, MD.
7. RS Medical Prescription, 11-22-03 to 03-23-05, Robert Sutherland, MD.
8. TWCC 69 report of medical evaluation by Thomas Cherry, MD, 01-06-03.
9. RS medical patient usage report, 06-03-05.
10. MRI of the lumbar spine without contrast 09-22-03.
11. CT of the lumbar spine post diskogram, 11-09-04.
12. Appeal letter, \_\_\_, 05-21-05.

#### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the purchase of a RS4i muscle stimulator.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The medical literature does not support the usage of the RS-4i Interferential Stimulator for chronic back pain. The etiology of \_\_\_'s pain is uncertain. She has a normal neurologic examination and essentially normal lumbar MRI. Diskography is not an accepted procedure in the evaluation of pain. There are no electrodiagnostic studies submitted. It is unclear if she has received physical therapy. There are no long-term controlled studies indicating a benefit of this device over conventional therapies. The RS-4i Stimulator is Medicare approved for use in spinal cord injury and disuse atrophy, but not chronic low back pain.

References:

1. 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.
2. 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.
3. 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.
4. Medicare Compliance Manual 2003: 917-918.
5. 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.
6. 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.
7. 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.
8. 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 28<sup>th</sup> day of July 2005**

**Signature of Specialty IRO Representative:**

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