

August 12, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-2185-01

CLIENT TRACKING NUMBER: M2-05-2185-01 / 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records received from state:

- TWCC Notification of IRO Assignment 08/03/05 - 10 pages

Records received from requestor:

- RS Medical Fax transmittal cover sheet 08/09/05 - 1 page
- Letter to RS Medical requesting additional information 08/03/05 - 1 page
- Office notes, Dr. Hassell, 10/13/04, 01/05/05, 02/16/05, 02/22/05, 05/18/05, 06/03/05 - 6 pages
- RS medical prescription for RS4i, 02/18/05
- RS medical letter of necessity for RS4i, 04/14/05

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- Letter from Dr. Hassell 06/13/05 - 1 page
- RS medical patient usage reports - 10 pages

Records received from respondent:

- TWCC-60 - 3 pages
- RS medical request for medical review form TWCC, 07/29/05 - 1 page
- Concentra denial letter of purchase of RS4i, 05/25/05 - 2 pages
- Concentra letter to Dr. Hassell, 06/16/05 - 2 pages
- CNA letter to Dr. Valdez, 08/04/05 - 1 page
- Comprehensive medical review, 05/17/05 - 6 pages
- Peer review, 05/15/05 - 8 pages

Summary of Treatment/Case History:

The patient is a 48-year-old female with a long-standing history of lumbar and cervical spine pain. She has a current diagnosis of lumbar neuritis from two failed back surgeries and cervical degenerative disc disease. The patient has been undergoing pain management with the use of narcotics and muscle relaxants for her pain complaints for six years. The treating physician prescribed the purchase and use of a 4 channel interferential unit to be used as needed to help with pain management for the patient.

Questions for Review:

1. Is pre-authorization request for purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator medically necessary?

Explanation of Findings:

The patient has a long-standing history of lumbar and cervical spine pain with a current diagnosis of lumbar neuritis from two failed back surgeries and cervical degenerative disc disease and has been undergoing pain management for six years. The treating physician prescribed the purchase and use of an interferential unit to help with pain management. While the use of the RS4i unit may be palliative and supportive for this patient, there is no evidence that interferential units will decrease pain, increased functionality, or impact recovery. Based upon peer-reviewed literature, the units have no proven efficacy in treating low back symptoms. Therefore, the interferential unit would not be a medically necessary component of treatment.

Based on the information reviewed, and the lack of peer review literature supporting its effectiveness, the request for the purchase of an RS4i unit for home use cannot be recommended as medically necessary for this patient.

Conclusion/Decision to Not Certify:

The pre-authorization request for purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator is not medically necessary.

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Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

ACOEM (2004). Occupational Medicine Practice Guidelines. L. S. Glass. Beverly Farms, MA, OEM Press.

References Used in Support of Decision:

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.

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the North American Spine Society, the Pennsylvania Medical Society, the Pennsylvania Orthopaedic Society, the American Association for Hand Surgery and is certified in impairment rating evaluations through the Bureau of Worker's Compensation. The reviewer has publication experience within their field of specialty and has been in private practice since 1995.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

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 twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
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.

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It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: requestor; respondent