MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity
IRO Decision Notification Letter

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Date:	**09/26/2005**
Injured Employee:	
Address:	
MDR #:	**M2-05-2201-01**
TWCC #:	
MCMC Certification #:	**IRO 5294**

REQUESTED SERVICES:
Please review the item(s) in dispute: Preauthorization request for purchase of an RS-4i sequential, 4-channel combination interferential and muscle stimulator.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 09/26/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial for the RS4i stimulator.

CLINICAL HISTORY:
The injured individual is a 70 year old male with a diagnosis of lumbar strain. His MRI shows significant age related changes of spinal stenosis. He received the RS4i stimulator in 04/2005. At this time his pain scores were 5-9/10 on Darvocet four times per day and Mobic. He has used the unit for 3 months although there is no usage report to document this. His pain scores at his last evaluation which was the functional capacity exam (FCE) in 07/2005 were 8/10 and he still was taking the Darvocet and Mobic at the same dosages. The physician states the interferential stimulator has helped him somewhat; the notes do not support this. Also, the literature is extensive with articles disputing its efficacy or legitimacy. The stimulator is not recommended since it is an unproven treatment regimen according to the literature.

REFERENCES:
1. Journal of Pain Oct 2001;2(5):295-300. "Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain: a randomized trial." Glaser JA.

2. Am J of Pain Management 1997;7:92-97 "Electrical Muscle Stimulation: portable electrotherapy for neck and low back pain: patient satisfaction and self-care." Wheeler, AH.

3. Clin Physiol 2001;21:704-11"The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold." Alves-Guerro.

4. Ann Rheum Dis 1999;58:530-40 "No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomized controlled trial" van der Heijden et al.

5. Phys Ther Oct 2001 81(10);"Philadelphia panel evidence based clinical practice guidelines on selected rehabilitation interventions for low back pain".

6. Clin Physiol Func Imaging Sept 2002;22(5):339-47 Minder PM.

7. Arch Phys Med Rehab Sept 2003;84(9):1387-94 Johnson MI.

8. ACOEM guidelines copyright 2004 pgs 48, 174, 203, 235, 300, 337, and 369.

RATIONALE:
The injured individual is a 70 year old male with date of injury ___ and diagnosis of lumbar strain. As of 03/2005, the injured individual was taking Darvocet four times per day (qid) and Mobic. His pain scores were rated 5-9/10. He was given the RS stimulator in 04/2005. He required facet injections in 05/2005 and was taking the same medications at that time and in 07/2005 when he had his functional capacity exam (FCE). That showed his pain score was 8/10. No interventions were done. The physician is requesting purchase of the RS4i interferential stimulator. Based on the lack of evidence that this unit is benefiting the injured individual, purchase is not warranted. Based on the literature which does not document proven efficacy of this unit, it is denied due to a lack of necessity. Reference #1 states 50% of the patients in the study dropped out prior to completion which questions the results of the study. Reference #2 states: "despite deficient support from sound research data..." which indicates studies on this are minimal. Reference #3 indicates interferential therapy is completely ineffective while reference #4 summarizes that it is comparable to a TENS unit at best. Reference #5 states: "No clinically important benefit of different frequency TENS treatment." Reference #6 states: "The application of interferential therapy had no overall beneficial effect on delayed muscle soreness." Finally, reference #7 states: "Experimentally induced cold pain was not influenced by interferential treatment."

RECORDS REVIEWED:
- TWCC Notification of IRO Assignment dated 08/08/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 09/12/05, 08/08/05
- TWCC MR-117 dated 07/28/05
- TWCC-60

- TWCC-73 Work Status Reports dated 05/09/05, 04/25/05, 03/28/05
- Claims Administrative Services: Letter dated 08/10/05 from Linda Madsen, Claims Adjuster
- Forte: Letter dated 08/10/05 from Joel Wilk, MD
- Initial Functional Capacity Evaluation dated 07/28/05 from B. Coby Marrow, PT
- Tyler Neurosurgical Associates: Follow-up notes dated 07/07/05, 04/07/05 from Robert Sutherland, MD
- East Texas Educational Insurance Association: Explanation of Benefits dated 06/23/05, 06/22/05
- Forte: Notice of Utilization Review Findings dated 06/17/05
- Mother Frances Hospital: Lumbar Facet Joint Injections report dated 06/07/05 from Robert Sutherland, MD
- IMO: Determination notes dated 05/31/05, 05/26/05, 04/18/05
- Tyler Neurosurgical Associates: Letters dated 07/07/05, 05/28/05, 05/25/05, 04/25/05, 04/07/05, 02/10/05 from Dr. Sutherland
- ___: Handwritten note dated 05/25
- IMO: Request for Purchase RS4i Neuromuscular Stimulator dated 05/24/05
- Medical Arts Clinic: History and Physical Reports dated 05/09/05 and 03/28/05 from Michael Malone, DO
- Medical Arts Clinic: Transcription Reports dated 04/25/05, 04/11/05 from Dr. Malone
- RS Medical: Handwritten reports dated 04/20/05, 04/15/05, 02/10/05
- Medical Arts Clinic: History and Physical Reports dated 03/23/05, 03/21/05, 03/16/05, 03/14/05 from Pam Gray, PTA
- Medical Arts Clinic: History and Physical Reports dated 03/18/05, 03/11/05, 03/09/05, 03/07/05, 03/02/05 from John Coker, PT
- RS Medical: Patient Usage Reports for first day used 02/10/05 through 08/01/05
- Wal-Mart: Prescription labels dated 01/12/05 through 05/11/05

The reviewing provider is a Licensed/Boarded Pain Management/Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Pain Management/Anesthesiologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

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 or your receipt of this decision (28Tex.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 **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h**)(2)** or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), 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

26th day of September 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee:_____