

September 9, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-2221-01

CLIENT TRACKING NUMBER: M2-05-2221-01 / 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:

State Records Received:

1. Texas Workers Compensation Commission Notification of IRO Assignment-8/16/05-2 pages
2. Medical Dispute Resolution Request/Response Form-2 pages
3. Table of Disputed Services-3 pages
4. Fax Cover Sheet from Intracorp-6/8/05-1 page
5. Intracorp Utilization Review-6/21/05-2 pages
6. TWCC 60 Addendum Position Statement Response to MDR-1 page

Dr. Aaron Calodney Records Received:

1. Follow-Up Visit Notes-6/30/05-3 pages
2. Follow-Up Visit Notes-2/23/05-3 pages

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3. Follow-Up Visit Notes-1/11/05-3 pages
4. Follow-Up Visit Notes-10/27/04-2 pages
5. Follow-Up Visit Notes-10/12/04-3 pages
6. Return Office Visit Notes-7/13/04-2 pages
7. Follow-Up Visit Notes-5/11/04-2 pages
8. Follow-Up Visit Notes-1/12/04-2 pages
9. Texas Spine and Joint Hospital Radiology Report-6/21/04-2 pages

Requestor Records Received:

1. RS Medical Prescription Form-1/14/05-1 page
2. Letter from Dr. Aaron K. Calodney MD-4/15/05-1 page
3. Letter from Dr. Aaron K. Calodney MD-4/15/05-1 page
4. RS Medical Prescription Form-4/15/05-1 page
5. Letter from Willie D. ____-1 page
6. RS Medical Usage Report-1/14/05 through 7/27/05-16 pages

Respondent Records Received:

1. Intracorp Utilization Review-6/21/05-2 pages
2. Fax Cover Sheet from Intracorp-6/8/05-1 page
3. Medical Bill Review Detail-4/6/05 through 6/27/05-6 pages
4. Employer's First Report of Injury or Illness-5/28/96-1 page
5. Encounter Report-9/12/05-1 page
6. Daily Progress Note-9/27/01 through 10/1/01-1 page
7. CORE Prescription for Rehabilitation Services Form-9/26/01-1 page
8. CORE Initial Evaluation Report-9/28/01-3 pages
9. Follow-Up Visit Notes from Dr. Aaron Calodney MD-1/9/03-2 pages
10. CORE Initial Evaluation Report-6/12/00-3 pages
11. Psychology Progress Note from Barry W. Rath PhD. -3/23/01-1 page
12. Psychology Initial Evaluation Report from Barry W Rath PhD. -2/5/01-2 pages
13. CORE Work Hardening Case Conference-6/16/00-1 page
14. Physician's Statement of Medical Necessity-10/17/00-1 page
15. Office Visit Letter from Dr. Mark B. Rebfro-8/28/00-1 page
16. CORE Progress Report-10/5/98-2 pages
17. Mobile Anesthesia Consultants of New Mexico Notes-10/21/98-2 pages
18. CORE Discharge Notes-10/30/98-1 page
19. CORE Initial Evaluation Notes-9/18/98-3 pages
20. TWCC Field Office Report of Medical Evaluation-6/26/98-1 page
21. Follow-Up Letter from Larry Walters MD-7/7/98-1 page
22. RS Medical Prescription-4/27/05-2 pages
23. Follow-Up Visit Notes from Aaron Calodney MD-2/23/05-3 pages
24. Follow-Up Visit Notes from Aaron Calodney MD-1/11/05-3 pages
25. Follow-Up Visit Notes from Aaron Calodney MD-10/12/04-2 pages
26. Texas Spine and Joint Hospital Radiology Report-6/21/04-4 pages
27. Diagnostic Clinic of Longview P. A. Notes-12/14/01-1 page

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28. Diagnostic Clinic of Longview P. A. EMG/Nerve Conduction Study Report-12/14/01-1 page
29. CORE Prescription for Rehabilitation Services-9/26/01-1 page
30. History and Physical Notes from Aaron Calodney MD-11/13/01-2 pages
31. Cigna Insurance Company Provider List-8/5/97-1 page
32. Office Visit Notes from Dr. Mark B. Renfro MD-4/7/00-2 pages
33. Office Visit Letter from Dr. Mark B. Renfro MD-6/9/00-1 page
34. East Texas Medical Center Operative Report-3/1/00-3 pages
35. Letter from Dr. Benjamin C. Guerra MD-1/13/00-4 pages
36. Follow-Up Notes from Dr. Benjamin W. Rath PhD-12/14/99-1 page
37. Follow-Up Letter from Dr. R. J. Donaldson MD-12/2/99-6 pages
38. Psychology Progress Notes from Dr. Barry W. Rath PhD-8/20/99 through 11/30/99-5 pages
39. Intracorp Correspondence Letter-8/2/99-2 pages
40. Psychology Progress Notes from Dr. Barry W. Rath PhD-7/29/99-1 page
41. Rehabcorp, Inc. Quick Peer Review-7/6/99-6 pages
42. Psychology Progress Notes from Dr. Barry W. Rath PhD-7/16/99-1 page
43. Psychology Progress Notes from Dr. Barry W. Rath PhD-6/18/99-1 page
44. Follow-Up Visit Letter from Dr. R. J. Donaldson MD-7/7/99-2 pages
45. Psychology Progress Notes from Dr. Barry W. Rath PhD-6/2/99-1 page
46. Psychology Progress Notes from Dr. Barry W. Rath PhD-5/17/99-2 pages
47. Intracorp Correspondence Letter-5/5/99-2 pages
48. Letter from Dr. R. J. Donaldson MD-4/28/99-1 page
49. ETMC Rehabilitation Hospital Outpatient Therapy Clinic Preoperative Evaluation Program-3/22/99 through 3/24/99-4 pages
50. Letter from Dr. R. J. Donaldson MD-2/19/99-1 page
51. CORE Discharge Summary-10/30/98-2 pages
52. Follow-Up Letter from Dr. R. J. Donaldson MD-10/23/98-1 page
53. Office Notes-9/18/98 through 10/14/98-3 pages
54. Follow-Up Letter from Dr. R. J. Donaldson-10/23/98-1 page
55. CORE Progress Notes-10/14/98-2 pages
56. CORE Progress Notes-10/5/98-4 pages
57. CORE Initial Evaluation-9/18/98-6 pages
58. Office Notes from Dr. M. Gayle Glidewell MD-6/26/98-17 pages
59. Centre of Rehabilitation Excellence Functional Capacity Evaluation Report-12/9/97-5 pages
60. Follow-Up Letter from Dr. R. J. Donaldson-6/3/98-2 pages
61. Letter to Confirm Appointment from Southwest Medical Examiners-5/21/98-1 page
62. AMA Impairment Rating Notes-4/7/98-4 pages
63. Letter with Office Notes from Dr. Robert G. Winans MD-3/13/98-8 pages
64. CORE Functional Capacity Evaluation Report-12/15/97-17 pages
65. CORE Prescription for Rehabilitation Services-12/3/97-1 page
66. CORE Therapy Progress Report-11/19/97-1 page
67. CORE Re-evaluation Notes-11/12/97-2 pages
68. CORE Initial Evaluation Notes-10/13/97-2 pages
69. Follow-Up Letter from Dr. R. J. Donaldson MD-10/6/97-1 page
70. East Texas Medical Center Operative Report-8/25/97-2 pages

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71. East Texas Medical Center Unofficial Radiology Report-8/24/97 and 8/25/97-3 pages
72. Follow-Up Letter from Dr. R. J. Donaldson MD-7/18/97-1 page
73. Follow-Up Letter from Dr. R. J. Donaldson MD-6/20/97-1 page
74. East Texas Neurological Institute Physician's Summary-10/23/96-2 pages
75. SOAP Notes-10/21/96-1 page
76. Hobbs Physical Therapy Clinic Physical Therapy Progress Notes-10/21/96-2 pages
77. Columbia Longview Regional Medical Center Impairment Report-1 page
78. SOAP Notes-10/7/96 through 10/18/96-6 pages
79. Hobbs Physical Therapy Clinic Physical Therapy Treatment Plan-10/4/96-2 pages
80. East Texas Neurological Institute Physician's Summary-9/5/96-3 pages
81. ETMC Rehabilitation Center Treatment Orders-9/5/96-1 page
82. Hobbs Physical Therapy Clinic PC Confirmation of Authorization of Payment-1/1/96-1 page
83. Letter from Dr. R. J. Donaldson-7/31/96-2 pages
84. CORE Letter-9/1/00-2 pages
85. Office Visit Letter from Dr. Mark B. Renfro-8/28/00-1 page
86. Office Visit Letter from Dr. Mark B. Renfro-7/26/00-1 page
87. Office Visit Letter from Dr. Mark B. Renfro-6/9/00-1 page
88. CORE Progress Notes-7/13/00-2 pages
89. Psychology Progress Notes from Dr. Barry W. Rath PhD-4/25/01-1 page
90. Psychology Progress Notes from Dr. Barry W. Rath PhD-4/10/01-1 page
91. Psychology Progress Notes from Dr. Barry W. Rath PhD-3/1/01-1 page
92. Fax Cover Sheet from Alissa D. Scott-1/30/01-1 page
93. Office Notes from Alissa D. Scott-10/27/00-1 page
94. Request for Pre Authorization-1 page
95. Tyler Neurosurgical Associates P. A. Prescription Form-10/25/00-1 page
96. MediQuip International Patient Agreement Form-8/30/00-1 page
97. Physician's Statement of Medical Necessity-10/17/00-1 page
98. Office Notes from East Texas Medical Group-1/16/01-5 pages
99. Lynay Healthcare Delivery Form-4/20/00-1 page
100. ETMC Intraoperative Evokes Potential Report-3/1/00-2 pages
101. Tyler Neurosurgical Associates P. A. Prescription Form-1/24/00-1 page
102. Letter from Dr. Benjamin C. Guerra-1/13/00-2 pages
103. Office Visit Letter from Dr. Mark B. Renfro MD-1/4/01-2 pages
104. Tyler Neurosurgical Associates P. A. Prescription Form-10/25/00-1 page
105. Physician's Statement of Medical Necessity-10/17/00-1 page
106. CORE Functional Capacity Evaluation Report-9/11/00-18 page
107. Fax Cover Sheet from Centre of Rehabilitation Excellence-9/18/00-1 page
108. CORE Prescription for Rehabilitation Services-8/30/00-1 page
109. TWCC Field Office Report of Medical Evaluation-3/13/98-1 page
110. Office Notes from Dr. Robert G. Winans MD-3/13/98-8 pages
111. Fax Cover Sheet from Intracorp-4/8/98-1 page
112. Impairment Rating Notes-4/7/98-4 pages
113. Copy of Check from ACE American Insurance Compay-\$650.00-8/22/05-1 page
114. E-mail from Tera in Case Assignment at MRloA-8/24/05-1 page

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- 115. E-mail from Tera in Case Assignment at MRloA-8/23/05-2 pages
- 116. Letter from ACE esis to MRloA-8/22/05-1 page
- 117. TWCC 60 Addendum-1 page
- 118. MRloA Prospective Review (M2) Information Request Form-8/16/05-1 page
- 119. Fax Error from MRloA-8/16/05-2 pages
- 120. Fax Cover Sheet from MRloA-8/16/05-1 page
- 121. Fax Cover Sheet from Aaron Calodney MD-8/22/05-1 page
- 122. Prospective Report from Aaron Calodney MD-8/16/05-1 page
- 123. Fax Conformation from MRloA-8/16/05-1 page
- 124. Fax Cover Sheet from MRloA-8/16/05-1 page
- 125. Prospective Review (M2) Form-8/16/05-1 page
- 126. Fax Conformation from MRloA-8/16/05-1 page
- 127. Fax Cover Sheet from MRloA-8/16/05-1 page
- 128. MRloA Prospective Review (M2) Information Request Form-8/16/05-1 page
- 129. MRloA Prospective Review (M2) Form-8/16/05-1 page
- 130. Fax Cover Sheet from RS Medical-8/23/05-1 page

Summary of Treatment/Case History:

The patient is a 49-year-old gentleman who allegedly suffered a workplace injury on _____. Subsequently, he developed low back and leg pain. He apparently underwent a lumbar decompression and fusion at L5-S1, which did not result in resolution of his pain. Physical examination reveals limitation of lumbar spine range of motion (ROM) in both flexion and extension, with paravertebral tenderness.

Questions for Review:

- 1. Pre-Authorization request purchase of an RS-4i sequential, 4 channel combination interferential and muscle stimulator. Is this medically necessity?

Explanation of Findings:

- 1. Pre-Authorization request purchase of an RS-4i sequential, 4 channel combination interferential and muscle stimulator. Is this medically necessity?

Published studies report varying degrees of efficacy for interferential current stimulation (IFCS) in the treatment of chronic pain. Some studies indicate that IFCS is completely ineffective {e.g. Alves-Guerrero (2001); Minder (2002); Taylor (1987); Der Heijden (1999)} and some show it to have an efficacy comparable to that of transcutaneous electrical nerve stimulation (TENS), at best {e.g. Johnson and Tabasam (2003); Palmer, ST (1999)}. A placebo-controlled study of the use of interferential stimulation in postoperative pain {Jarit, 2003} did find some beneficial effect, but this was not compared with TENS treatment. There is some evidence in the published literature of marginal benefit from muscular stimulation {e.g. Glaser (2001)}, but this is not sufficiently clear and significant to warrant the purchase of this expensive unit. The RS-4i interferential/muscular stimulator is an expensive, proprietary device, which offers no apparent advantages over cheaper TENS units, and therefore should not be approved because of lack of evidence of specific efficacy for the patient's chronic pain syndrome. The fact that a device has been granted FDA 510(k) pre-market clearance on

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the basis of substantial equivalency to an older device, perhaps one marketed prior to the effective date of the law requiring FDA approval, does not imply any official determination that the procedures for which it is employed are standard medical care.

Conclusion/Decision to Not Certify:

RS-4i stimulator is not a medically necessary.

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

In order to be reimbursed, a service must meet all of the following criteria:

1. Must be adequately and completely documented in the medical record as having been done in accordance with the definition of the billed code in the A.M.A. Current Procedural Terminology.
2. Must be medically necessary for the claimant's clinical condition in compliance with accepted medical standards and specific selection criteria.
3. Must not be an included or incompatible code of any other code billed, according the Medicare National Correct Coding Initiative.
4. Must have been shown to be safe and effective treatment of the patient's condition by scientifically valid evidence published in the reputable, peer-reviewed medical literature.
5. Must be in compliance will all restrictions and limitations of the patient's insurance contract

References Used in Support of Decision:

1. Defrin, et al. (2005). Segmental noxious versus innocuous electrical stimulation for chronic pain relief and the effect of fading sensation during treatment. *Pain* 115:152-60.
2. Jarit, et al. (2003). The effects of home interferential therapy on post-operative pain, edema, and range of motion of the knee. *Clin J Sport Med* 13:16-20.
3. Alves-Guerreiro, et al. (2001). The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold. *Clin Physiol* 21:704-11..
4. Minder, et al. (2002). Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness. *Clin Physiol Funct Imaging* 22:339-47..
5. Taylor, et al. (1987). Effects of interferential current stimulation for treatment of subjects with recurrent jaw pain. *Phys Ther* 67:346-50..
6. Van Der Heijden, et al. (1999). No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomised controlled trial. *Ann Rheum Dis* 58:530-40.
7. Johnson and 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. *Phys Ther* 83:208-23..
8. Palmer, et al. (1999). Alteration of interferential current and transcutaneous electrical nerve stimulation frequency: effects on nerve excitation. *Arch Phys Med Rehabil* 80:1065-71..
9. Glaser, et al. (2001). Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non a Acute Low Back Pain: A Randomized Trial. *The Journal of Pain* 2:295-300.

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of

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the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

MRloA 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, payer 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

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 MRloA 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 MRloA 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 MRloA 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

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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 and respondent