



Specialty Independent Review Organization, Inc.

October 3, 2005

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

Patient: ____
TWCC #: ____
MDR Tracking #: M2-05-2335-01
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 Pain Management and Anesthesia. 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

This 57-year-old female was injured when boxes of medical records fell onto her head and shoulders. She has had MRIs and EMGs. She has been treated with physical therapy, TENS, and trigger point therapy. The pain medications that have been prescribed include: Norco, Vicodin, Soma, Klonopin, Wellbutrin, Baclofen, Lidoderm patch, Zanaflex and Neurotin. She has also had a trial of RS4i muscle stimulator.

Records reviewed:

Records from Doctor/Facility:

Pinnacle Pain Management – history and physical and follow-up notes
RS Medical prescription

Records for Carrier:

Texas Mutual Insurance Company letter of 9/21/05
MRI report – 1/29/93
Pain Management Consultants letter – 7/21/98
Follow-up notes – Pinnacle Pain Management
RS Medical prescriptions, usage reports

REQUESTED SERVICE

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

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the long term effectiveness of interferential therapy has not been established in peer-reviewed medical literature. The following studies support the conclusion that interferential therapy is not efficacious in long term therapy.

References:

Alves-Guerreiro, J, et al. (“The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold.” *Clinical Physiology*. 2001; 21 (6): 704 – 711) compared the effect of three electrotherapeutic modalities on peripheral nerve conduction and mechanical pain threshold in a randomized, double-blind trial with a control group included 40 healthy volunteers. They found that there was no statistically significant differences for the mechanical pain threshold measurements.

Additionally, The Philadelphia Panel Physical Therapy Study found little or no supporting evidence to include this modality in the treatment of chronic pain greater than 6 weeks.

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 Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TDI-DWC 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 DWC via facsimile, U.S. Postal Service or both on this 3rd day of October 2005 __

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli