

June 1, 2005

Re: MDR #: M2-05-1505-01 **Injured Employee:**
TWCC#: **DOI:**
IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:
Texas Workers' Compensation Commission
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
RS Medical
Attention: Joe Basham
(800) 929-1930

RESPONDENT:
Texas Mutual Insurance
Attention: Ron Nesbitt
(512) 404-3980

TREATING DOCTOR:
M. McDaniel, DC
(956) 668-8546

Dear Mr. ____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Physical Medicine and Rehabilitation and in Pain Medicine and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. 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 (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 June 1, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-1505-01**

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information from Requestor:

Letter of medical necessity & office notes 09/28/04 – 02/09/05

Physical therapy notes 09/23/04 – 02/09/05

Operative reports 10/14/04 – 12/06/04

Articles

Information from Respondent:

Correspondence

Clinical History:

This 37-year-old male patient is status post left L3/L4 lumbar laminectomy on 12/04/04 after not responding to standard conservative treatment following his work-related injury on . The patient has reported continued pain in the left lower extremity. The patient has been currently diagnosed as neuropathic pain, left lower extremity.

The patient has received interferential stimulation 09/23/04 to 10/25/04 as well as 02/25/05 to 03/03/05 per provided medical records. During this time, the patient's pain level was at 3/10-4/10 per therapy notes. However, pain relief was not significant enough to prevent surgery, nor to relieve neuropathic pain over time.

Disputed Services:

Purchase of RS4i sequential 4-channel combination interferential and muscle stimulator.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the interferential and muscle stimulator in dispute is not medically necessary in this case.

Rationale:

Per medical records provided, this patient has not received an adequate medical trial of Neurontin (gabapentin) to determine if pain may be relieved by these standard treatments. Counter-stimulation has efficacy similar to placebo in patients with chronic low back pain as established by studies at Theo and Wolfe. No double blind randomized placebo-controlled trials are currently available to establish the efficacy of interferential stimulation for neuropathic pain.

A letter of necessity from requestor contained an article by Glasser, which has been reviewed. This article fails to show significant changes in neurogenic symptom subscale in study groups compared with controls over or at 6-month followup. In addition, this study had multiple deficits to include a large number of patients withdrawing from the study with difficulty in blinding study due to the nature of the device. The original study design called for 34 subjects in each group to achieve 80% power. However, only 21 individuals completed the study group, and 17 individuals completed the control group. In addition, the subjects were treated with services other than the interferential stimulation, and the analysis of the study did not take into consideration the confounding factors.