



Specialty Independent Review Organization, Inc.

August 8, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1871-01
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 Neurology. 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

The records indicate that ___ is a 26-year-old Vietnamese female. She was working as an assembly worker at ___ on ___ when she fell at work. The records indicate different versions of the event, either that she felt like she was going to pass out or that she had slipped on a pen cap and fell to the floor. There was no clear documented loss of consciousness. She fell on her right side and complained of right hip tenderness and neck pain. She was taken by ambulance to Seton Northwest Hospital emergency room where she was evaluated. She was also apparently 5 months pregnant at the time. She had no vaginal bleeding or cramping. Fetal heart tones were 143. She had x-rays taken of her pelvis, her hips, her cervical spine, all of which were negative for fracture.

She was discharged from the emergency room and told to follow-up with her OB-GYN.

She was seen by Dr. Charles Hinman from Concentra Medical Centers on 09-07-04. Dr. Hinman upon examination noted that positive straight-leg raising was positive both seated and supine for right leg pain. She had full range-of-motion of the knee. She was able to toe walk. She had some pain with heel walking. She had decreased dorsiflexion of the right great toe. She had decreased sensation of the right lateral thigh. Her reflexes were equal. His impression was lumbosacral strain and contusion. He suggested that she follow-up with her obstetrician as soon as possible for evaluation of her pregnancy, and that she was to remain off work until released by her obstetrician. She was scheduled to follow-up with Dr. Hinman on 09-10-04.

When seen on 09-10-04, she stated that her arm was improved but that she was still having right hip and leg pain. She was having near continuous occipital headache. She saw her obstetrician, Dr. Skolnik, who told her that her pregnancy seemed fine but he advised that she stay off work until she was rechecked on 09-27-04. Examination was unremarkable except for give-away weakness in all muscle groups tested in the upper and lower extremities. The impression was lumbosacral strain and contusion, and cervical strain. She was referred to physical therapy and return to modified activity with pregnancy-related restrictions per her obstetrician, plus she was prescribed Darvocet.

___ saw Dr. Hinman again on 10-07-04. She was offered light duty at work but she declined. She was being seen for physical therapy. She complained of pain in her lateral aspect of her right knee, the medial aspect of both thighs, and her lower back. Examination was benign with a positive Hoover's sign on the right. Impression was lumbar strain and contusion, cervical strain, and right knee strain. He again recommended return to work with a 15-pound weight restriction, no standing longer than 30 minutes, and no pushing or pulling over 25 pounds, and to continue physical therapy as well as home exercises. No further records were submitted for Dr. Hinman.

___ underwent a required medical examination by Dr. Michael Perkins on January 13, 2005. This indicated some inconsistencies on her exam with diffuse tenderness to light touch with the skin diffusely over the cervical region, but no cervical spasm or guarding. She had good muscle tone in the bulk of her upper extremities but put forth no effort strength-testing to the upper extremities. Her sensory functions were intact in the upper extremities, and deep tendon reflexes were normal. Cervical range-of-motion was maintained. She made "a dramatic attempt at tandem walking, and walking on heels and toes". She reported pain to light touch of the skin diffusely about the lower back. She had no lumbar spasm or guarding, and had good muscle tone in bulk of the lower extremities. She put forth very minimal effort on strength-testing to the lower extremities inconsistent with the ability to ambulate. She reported loss of sensation of the entire right leg and had a non-anatomical distribution. Reflexes were symmetrical. She could forward flex at the waist to 30 degrees. Seated straight-leg raising was accompanied without difficulty. Supine straight-leg raising however was limited to 5 degrees because of reports of pain. She palpated a broad area of her right lateral thigh and hip to indicate areas of pain. Light touch of the same areas by the examiner elicited grimacing reports of pain. There was no obvious deformity, swelling, effusion, or atrophic changes to the right hip. There was a reduced range-of-motion to the hip in almost all planes. However, after the examination the claimant was able to arise from the exam table, ambulate across the room without difficulty. Dr. Perkins raised the

possibility of perception of her symptoms and limitations that does were not consistent with the objective findings and may represent symptom magnification. He suggested she had primarily soft tissue injuries which should be self-limited and heal with the conservative treatment.

A functional capacity evaluation was performed on ___ on 02-07-05 at the Austin Spine Institute. This was felt to be a valid assessment; however she displayed poor effort on the hand grip and the static lifting portion of the examination. She was thought to have the capacity to work at a light physical demand level.

Dr. Carl Simpson submitted a letter to the TWCC dated March 24, 2005, indicating that ___ had not reached maximal medical improvement. Report from Dr. Simpson dated March 24, 2005, indicated that she had sensory loss in the right S1 distribution. Her right knee examination demonstrated an equivocal McMurry sign. The right hip was nontender to abduction and rotation. There is a decrease right ankle reflex. His impression was lumbar strain, cervical strain, right hip strain, and right knee strain. The estimated date of maximum medical improvement was May 24, 2005.

There is a prescription for use of an RS-4i Interferential Muscle Stimulator submitted by Dr. Thanh Nguyen dated 02-11-05 indicating a diagnosis of lumbar sprain and strain. Unfortunately, there is no office progress notes submitted from Dr. Nguyen, but there are physical therapy records indicating dates of service at Dr. Nguyen's clinic from 10-29-04 through 05-24-05.

Pertinent test results include x-rays of the pelvis and hips, cervical spine, CT of the cervical spine, all dated 09-01-04 and all normal. MRI of the lumbar spine dated 02-08-05, showed "very minimal symmetrical bulging of the L4L5 and the L5S1 discs without associated focal disc herniation, disc space narrowing, or bony degenerative change. There was no visible nerve root impingement." Two previously submitted reviews were encapsulated in letters dated April 29, 2005 and May 10, 2005 submitted by Cambridge Integrated Services Group. The reviews were performed by Harry Moskowitz, DO and Melissa Tonn, MD. Both felt that there was no evidence for support for purchase of an RS-4i Interferential Muscle Stimulator unit.

List of records reviewed.

Documents reviewed:

1. City of Austin, Travis County EMS billing form, and emergency services documents dated .
2. Seton Northwest Hospital Emergency Room records dated .
3. Office progress notes, Charles Hinman, MD dated 09-07-04 to 10-07-04.
4. Office progress notes and physical therapy treatment records, The Spine and Rehabilitation Center dated 09-24-04 to 10-14-04.
5. Office progress notes TNMH Clinic, dated 10-27-04 through 05-24-05.
6. Prescription for RS-4I Sequential Interferential Muscle Stimulator signed by Thanh Nguyen, MD dated 02-11-2005.

7. Required medical examination, Michael S. Perkins, MD dated 01-13-05.
8. Functional capacity evaluation, Austin Spine Institute, dated 02-07-05.
9. Letter to Texas Worker's Compensation Commission, Carl Simpson, MD dated 03-24-05 plus review of medical history and physical examination by Dr. Simpson dated 03-24-05.
10. Miscellaneous x-ray reports, Seton Northwest Hospital, dated .
11. MRI of the lumbar spine dated 02-08-05.
12. RS Medical patient health reports dated 02-11-05 to 04-23-05.
13. Correspondence to Ha Nguyen dated 04-29-05 and 05-10-05 from Cambridge Integrated Services Group, Inc.

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

There are no long-term controlled studies indicating a benefit of this device over other accepted modalities in the treatment of chronic neck or lower back pain. ___'s assessments suggest perhaps some symptomatic magnification, functional overlay or reduced motivation. There have been no objective findings to indicate neurological impairment. According to the report of Dr. Perkins, that the majority of her symptoms are soft tissue related and self limited. The RS-4i Sequential Interferential Muscle Stimulator unit was Medicare approved for use in spinal cord injury and muscle atrophy. There have been no controlled, blinded, studies published indicating a benefit of this device over other treatment methods in the management of chronic pain.

References:

Alves-Guerreiro, J., J.G. Noble, A.S. Lowe and D.M. Walsh. 2001. The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold. *Clinical Physiology* 21 (6): 704-711.

Glaser, J.A., M. A. Baltz, P.J. Niertert and C.V. Bensen. 2001. Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain: a randomized trial. *The Journal of Pain* 2 (5): 295-300.

Johnson, M.I. and G. 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. *Physical Therapy* 83 (3): 208-223.

Medicare Compliance Manual 2003: 917-918.

Minder, P.M., J.G. Noble, J. Alves-Guerreiro, I.D. Hill, A.S. Lowe, D.M. Walsh and G.D. Baxter. 2002. Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness. *Clinical Physiology and Functional Imaging* 22 (5): 339-347.

Palmer, S.T., D.J. Martin, W.M. Steedman, and J. Ravey. 1999. Alteration of interferential current and transcutaneous electrical nerve stimulation frequency: effects on nerve excitation. *Archives of Physical Medicine and Rehabilitation* 80: 1065-1071.

Taylor, K., R.A. Newton, W. J. Personius and F.M. Bush. 1987. Effects of interferential current stimulation for treatment of subjects with recurrent jaw pain. *Physical Therapy* 67 (3): 346-350.

Van der Heijden, G., P. Leffers, P. Wolters, J. Verheijden, H. van Mameren, J. Houben, P. Knipschild. 1999. No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomised controlled trial. *Annals of Rheumatic Diseases* 58: 530-540.

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 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.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes 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 (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC 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 TWCC via facsimile, U.S. Postal Service or both on this ___ day of ___, 20 __

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli