



Specialty Independent Review Organization, Inc.

October 4, 2005

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

Patient: ____
TWCC #: ____
MDR Tracking #: M2-06-0010-01
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

Ms. ____ has a history of failed back syndrome. She also has a history hypertension, pulmonary alveolar proteinosis, narcolepsy, and depression. According to Dr. Danshaw's consultation of May 19, 2004, she had an injury to her back in ____ of 2001 when while working at a hospital, she assisted an inmate when the inmate suffered a seizure. Evidently, she had had a history of prior back surgery in 1985 consisting of a two level laminectomy infusion from L4 to S1 in 1985. For the injury in June 2001, she was seen by Dr. Gregory Ward, a neurosurgeon. She had complaints of lower back pain and leg pain. Dr. Ward's examination showed reduced range of motion of the lumbar spine. Myelogram and postmyelographic CT showed some lateral recessed stenosis at L3-4 and Dr. Ward recommended a trial of epidural steroid injections. These were performed at L3-4, L4-5, and L5-S1 by Dr. Kent Weldon. However, according to the claimant the injections aggravated her pain. Dr. Ward discussed a possible laminectomy at L3-4. She

was seen by Patrick Donovan, MD for an independent medical evaluation. Dr. Donovan's opinions were that Ms. ___ had primarily symptoms of localized posterior lumbar axial pain without true symptoms of pseudoclaudication or radiculopathy. He felt that the bilateral stenosis at L3-4 was primarily postoperative changes that could have been present prior to her work injury and she had not reached maximum medical improvement. He recommended myofascial trigger point injections to the bilateral lumbar perivertebral musculature, and electrical muscle stimulator, and a trial of an oral neuropathic agent such as Neurontin, plus an EMG of the lower extremities and returning to work at a light to sedentary status.

According to Dr. Deloach's review in 2002, Dr. Ward reported that Ms. ___ stated that her back and leg pain and her paresthesias were improving. Dr. Ward recommended physical therapy. She had 12 sessions of physical therapy consisting of ice packs, ultrasound, interferential current, and therapeutic exercise. She showed improvement following therapy and was compliant with her home exercise program. In a functional capacities evaluation, Ms. ___ achieved a sedentary physical demand level. She received an impairment rating evaluation by Dr. Schmidt on November 05, 2002 of 20 percent whole person impairment rating. Please note again, that there are no records submitted from Dr. Schmidt.

In 2003, she was assessed by Dr. John Statasikowski, who assessed statutory MMI as of November 05, 2002 and assigned a 13 percent whole person impairment rating.

She had seen Dr. Phillip Cantu, who noted moderate pain on extension, and lateral rotation with bilateral L3 through S1 lumbar facet mediated pain. She was taking Ultram, Vioxx, Paxil, Xanax, Provigil, and Nexium. She also had a history of anxiety and depression. Her complaints were unrelenting low back pain with no response to all attempts of conservative medical care, plus severe deconditioning, and bilateral lower extremity weakness correlating with bilateral L4 distribution deficits. Dr. Cantu ordered manometric diskography with computerized tomography correlation between L2 and S1. Provocative lumbar diskography revealed a calcified and highly desiccated disk at L5-S1. Post-diskography CT scan revealed ventral epidural defects at L4-5 with a grade one annular tear and moderate to advanced facet arthropathy throughout the lumbar spine and residual central spinal stenosis at L3-4. Dr. Cantu also noted that at the ventral epidural defect deforming the ventral dura most likely represented post surgical epidural fibrotic scar tissue. He recommended lumbar facet medical branch blocks, plus Lexapro, and an EMS unit.

In 2004, according to Dr. Deloach's report, Dr. Cantu saw Ms. ___ for ongoing complaints of bilateral sacroiliac joint pain and lumbar facet mediated pain. She was on Coumadin for an embolic disease. She had had pulmonary lavage for pulmonary proteinosis and had spent a week in the ICU unit intubated. She was severely deconditioned. She had peripheral vascular disease and had an embolus to her right arm. She was referred to a pulmonary specialist at Cleveland Clinic, plus she was recommended to see a psychiatrist. Her medications were Norco, Baclofen, and Lexapro. From June to July, she was being followed by Dr. Craig Danshaw who

administered bilateral SI joint injections plus one caudal block. He diagnosed lumbar radiculitis and right sacroiliitis and added a Lidoderm patch.

Dr. Danshaw's records indicate diagnoses of status post laminectomy, lumbar radiculitis right sacroiliitis, pulmonary alveolar proteinosis, and narcolepsy. He performed right and left sacroiliac joint injections under fluoroscopy on June 09, 2004, June 30, 2004, and July 21, 2004. He then did a caudal block on September 01, 2004. On August 02, 2005, he recommended a trial of an RS-4i interferential muscle stimulator. In a form completed on June 27, 2005, he indicated she was only able to take Norco for pain relief. He signed a form letter on June 28, 2005 indicating benefit from the RS-4i interferential stimulatory unit. A similar form letter was signed on July 18, 2005.

The claimant in her appeal letter of August 09, 2005 has noticed improved functionality with the use of the stimulator.

There are no x-ray, MRI, or electrodiagnostic reports submitted. There are no reports submitted from the time of Ms. ___'s treatment by her providers previous to Dr. Danshaw. There are no reports submitted from mental health providers.

The two previous reviews performed on July 11, 2005 and July 20, 2005 found insufficient evidence to determine long-term benefit of the RS-4i stimulator.

The only documented objective findings from Dr. Danshaw consist of a statement from his initial consultation of May 19, 2004 that an MRI has shown central spinal stenosis at L3-4 with a 3-4 mm annular bulge. His subsequent office notes refer to tenderness over the paralumbar spine in the lower lumbar and sacroiliac regions, but no other neurological deficits.

Documents reviewed:

1. Office progress notes and procedure notes – Craig Danshaw, DO, May 19, 2004 through August 02, 2005.
2. Physician statement regarding RS-4i interferential stimulator – signed by Dr. Danshaw on June 28, 2005.
3. Letter of medical necessity regarding RS-4i stimulator – by Dr. Craig Danshaw, June 28, 2005 plus prescription from June 28, 2005.
4. Letter of medical necessity for RS-4i stimulatory - by Dr. Danshaw, July 18, 2005.
5. Prescription for RS-4i stimulatory – by Dr. Danshaw August 02, 2005.
6. Appeal letter – ___, August 09, 2005.
7. Patient usage report – RS Medical Services, not dated.
8. Peer review – Jeffery Deloach, DO, May 26, 2005 with addendum June 01, 2005.
9. Correspondence from Robert Josey, Attorney at Law, September 12, 2005 and September 21, 2005.

10. Denial of pre-authorization for RS-4i stimulatory addressed to RS Medical, from Louise Richards, RN, Utilization Review Specialist, Fair Isaac, July 11, 2005 and denial of pre-authorization for RS-4i stimulatory by Darlen Chapman, LVN, CPUR, Fair Isaac, July 20, 2005.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the purchase of an RS4i sequential 4 channel combination interferential and muscle stimulator.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the RS-4i stimulator unit is Medicare approved for use in spinal cord injury and disuse atrophy. There have been no controlled, blinded long-term studies indicating benefit over other conventional modalities. Therefore, it is recommended that purchase of this device be denied.

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 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 4th day of October 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli