

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>12/02/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-0042-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for purchase of an RS41 sequential 4 channel combination interferential and muscle stimulator.

### DECISION: Upheld

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IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 12/02/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The RS4i sequential 4 channel combination interferential and muscle stimulator is not medically necessary.

### CLINICAL HISTORY:

The injured individual is a female with date of injury \_\_\_\_ treated with physical therapy (PT), chiropractic care, and epidural steroid injections (ESIs) with initially good results. However, by 06/29/2005 her pain had escalated to the extent that the physician requested more ESIs. This was despite using the RS4i stimulator. The computerized record of usage indicates this was being used by the injured individual who may also have had a TENS unit. Neither appears to have been helpful in the long run as her pain was as bad by the end of 06/2005. Based on a lack of relief with the unit, its purchase is denied. Also, the literature is rife with articles disputing its efficacy or legitimacy. The stimulator is not recommended since it is an unproven treatment regimen according to the literature cited.

### REFERENCES:

1. Journal of Pain Oct 2001;2(5):295-300 "Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain: a randomized trial." Glaser JA.

2. Am J of Pain Management 1997;7:92-97 "Electrical Muscle Stimulation: portable electrotherapy for neck and low back pain: patient satisfaction and self-care." Wheeler, AH.
3. Clin Physiol 2001;21:704-11 "The effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical pain threshold." Alves-Guerro.
4. Ann Rheum Dis 1999;58:530-40 "No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: a randomized controlled trial." van der Heijden et al.
5. Phys Ther Oct 2001 81(10);"Philadelphia panel evidence based clinical practice guidelines on selected rehabilitation interventions for low back pain."
6. Clin Physiol Func Imaging Sept 2002;22(5):339-47 Minder PM.
7. Arch Phys Med Rehab Sept 2003;84(9):1387-94 Johnson MI.
8. ACOEM guidelines copyright 2004 pgs 48, 174, 203, 235, 300, 337, and 369.

#### **RATIONALE:**

The injured individual is a 47 year old female with date of injury \_\_\_\_\_. MRI showed stenosis. The injured individual had chiropractic care, physical therapy (PT), and epidural steroid injections (ESIs) initially with good relief as of 05/2005 but return of pain by 06/29/2005 when more ESIs were recommended. She was taking Lodine and had been using the RS stimulator unit 3 months as of this last visit. She had a TENS unit requested by her neurosurgeon and an RS4i interferential stimulator requested by Dr. Fyke in 04/2005 as he was unaware of the TENS unit approval. The notes of 04/2005 and 05/2005 state the TENS unit provided limited relief. The injured individual used the RS stimulator 25 times in 31 recorded days (04/14/2005 to 05/15/2005). Based on the lack of success with both units, its purchase is denied as the injured individual had more pain at the end of 06/2005 and required more injections despite using the RS4i stimulator. Based on the literature, which does not document proven efficacy of this unit, it is also denied. Reference#1 states 50% of the patients in the study dropped out prior to completion which questions the results of the study. Reference #2 states: "despite deficient support from sound research data..." which indicates studies on this are minimal. Reference #3 indicates interferential therapy is completely ineffective while reference #4 summarizes that it is comparable to a TENS unit at best. Reference #5 states: "No clinically important benefit of different frequency TENS treatment." Reference #6 states: "The application of interferential therapy had no overall beneficial effect on delayed muscle soreness." Finally, Reference #7 states: "Experimentally induced cold pain was not influenced by interferential treatment."

#### **RECORDS REVIEWED:**

- Notification of IRO Assignment dated 09/23/05
- MR-117 dated 09/23/05
- MR-100 dated 09/12/05

- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 11/17/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 09/23/05
- Utilization Management: Letters dated 10/03/05, 09/12/05 from Carolyn Guard, RNC, Quality Assurance Consultant
- Liberty Mutual: Letter dated 07/29/05 from Bonnie Richardson, Utilization Review Nurse
- Intracorp: Report dated 07/28/05 from Paul LaMay, D.C.
- RS Medical: Request for Authorization dated 07/25/05 from Shana Shoman
- Liberty Mutual: Letter dated 07/21/05 from RS Medical
- Intracorp: Report dated 07/21/05 from Michele Doone, D.C.
- David J. Schickner, M.D.: Pre-Authorization Request dated 07/19/05
- RS Medical: Request for Authorization dated 07/14/05
- David J. Schickner, M.D.: Assessment notes dated 06/29/05, 06/07/05, 05/13/05, 04/27/05, 04/22/05
- Dr. David J. Schickner, M.D.: Prescription note dated 06/29/05
- Shawn Fyke, D.C.: Letters dated 07/21/05, 06/28/05, 05/26/05
- RS Medical: Prescription form signed 06/17/05
- RS Medical Prescription: Patient Information sheets signed 06/17/05, 04/14/05
- James Olmsted, M.D.: Lumbar Epidural Steroid Injection dated 05/16/05
- Shawn A. Fyke, D.C.: Daily Notes dated 05/10/05, 05/25/05, 06/03/05
- RS Medical: Patient Usage Reports for report period first day used of 08/01/05, 07/15/05, 06/07/05, 05/01/05, 04/14/05
- RS Medical: Price List for RS-4i Four Channel Muscle/Interferential Stimulator (Effective January 2001)
- RS Medical: Undated, unsigned Request for Authorization
- Article entitled, "RS-4i Sequential Stimulator"
- Article entitled, "Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Nonacute Low Back Pain", pages 295 through 300
- Article regarding RS-4i Features, Benefits
- RS Medical: Article entitled, "Muscle stimulator and TENS: very different modalities"
- Premarket Notification: Undated Indications For Use for RS-4i Muscle Stimulator family

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

### **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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
Texas Department of Insurance Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas, 78744  
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**In accordance with commission rule 102.4(h), 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 this**

**2<sup>nd</sup> day of December 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_