CompPartners FINAL REPORT

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ___
Texas IRO # : ___
MDR #: M2-06-0059-01
Social Security #:
Treating Provider: Jerry Keepers, M.D.
Review: Chart-Prospective
State: TX

Review Data:

- **Notification of IRO Assignment dated 9/23/05, 1 page.**
- **Receipt of Request dated 9/23/05, 1 page.**
- **Medical Dispute Resolution Request dated 8/30/05, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Doctors (date unspecified), 2 pages.**
- **Doctor's Return to Work/School Recommendations dated 3/28/05, 3/17/05, 3/7/05, 4 pages.**
- **Initial Consultation Notes dated 4/28/05, 3/7/05, 6 pages.**
- **Admission Report dated 3/28/05, 1 page.**
- **Cervical Spine MRI Report dated 3/30/05, 2 pages.**
- **Progress Notes dated 8/16/05, 4/7/05, 2 pages.**
- **Initial Orthopedic Consultation dated 4/12/05, 5 pages.**
- **Prescriptions (date unspecified), 1 page.**
- **Fax Call Report dated 4/18/05, 1 page.**
- **Status Notes (date unspecified), 1 page.**
- **Beaumont Spine Pain and Sports Medicine Progress Notes dated 4/20/05, 1 page.**
- **Patient Usage Report dated 8/24/05, 8/23/05, 8/22/05, 8/21/05, 8/20/05, 8/19/05, 8/18/05, 8/17/05, 8/16/05, 8/14/05, 8/12/05, 8/11/05, 8/10/05, 8/9/05, 8/8/05, 8/7/05, 8/4/05, 8/2/05, 8/1/05, 7/30/05, 7/28/05, 7/27/05, 7/26/05, 7/25/05, 7/24/05, 7/19/05, 7/18/05, 7/17/05, 7/16/05, 7/15/05, 7/14/05, 7/13/05, 7/12/05, 7/11/05, 7/9/05, 7/7/05, 7/6/05, 7/5/05, 7/4/05, 7/3/05, 6/23/05, 6/22/05, 6/20/05, 6/18/05, 6/17/05, 6/16/05, 6/15/05, 6/14/05, 6/12/05, 6/11/05, 6/9/05, 6/8/05, 6/7/05, 6/6/05, 6/5/05, 6/2/05, 6/1/05, 5/31/05, 5/28/05, 5/24/05, 5/20/05, 5/19/05, 5/18/05, 5/17/05, 5/16/05, 5/15/05, 5/13/05, 5/12/05, 5/11/05, 5/9/05, 5/8/05, 5/7/05, 5/5/05, 5/4/05, 5/3/05, 5/2/05, 5/1/05, 4/28/05, 4/29/05, 4/30/05, 12 pages.**
- **Follow-up Consultation Notes dated 7/21/05, 6/16/05, 5/26/05, 6 pages.**

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- **Progress Report dated 6/12/05, 1 page.**
- **Letter of Medical Necessity dated 6/21/05, 1 page.**
- **Anesthesia Record dated 6/21/05, 1 page.**
- **Statement of Medical Necessity dated 6/21/05, 1 page.**
- **Case Review dated 7/19/05 7/7/05, 5 pages.**
- **Legal Letter dated 9/27/05, 9/20/05, 3 pages.**

Reason for Assignment by TDI: Appeal the medical necessity of the previously denied request for the purchase of an RS-4i sequential 4-channel combination interferential and muscle stimulator.

Determination: UPHELD - previously denied request for the purchase of an RS-4i sequential 4-channel combination interferential and muscle stimulator.

Rationale:

Injured worker's age: 42 years.
Gender: Male.
Date of Injury: ___.
Mechanism of Injury: While installing a heavy pump, twisted his back and noticed pain in his neck and upper back region and had complaints of numbness of the left arm.
Diagnoses: Cervical disk herniation with left upper extremity radiculopathy.

Subsequent to the injury, the patient had undergone a cervical MRI and was diagnosed with cervical disk herniation with left upper extremity radiculopathy. Furthermore, subsequent to the injury, the patient had undergone extensive conservative treatment consisting of physical therapy as well as medication management. At this time, the patient is taking Lortab 10/500 mg one tablet three times a day, Soma 350 mg tablet one three times a day, Ambien 10 mg one tablet at night. In reviewing Dr. Keepers' records, he had been insisting on a cervical epidural steroid injection of which, this reviewer does not believe has been performed to date. On March 9, 2005, Dr. John Webb released the claimant to return to work with no limitations. On March 29, 2005, Dr. John Webb released the claimant for return to work at light duty.

A review of the clinical objective evidence and physical examination from Dr. Jerry Keepers and Dr. Moorehead showed decreased range of motion in the cervical spine to flexion, extension, and lateral rotations. The patient was neurologically intact pertaining to the upper and lower extremities. The patient's physical therapy was assisted with the RS-4i muscle stimulator during the dates as stated above. However, there had been no documentation pertaining to its efficacy (i.e. decrease in medication intake, increase in function, and/or decrease in pain with a VAS scale (visual acuity scale).

It is the opinion of this reviewer that the requesting provider has not shown a medical necessity that the muscle stimulator is likely to produce substantive and sustained improvement in patient's

symptoms. Furthermore, medical literature does not document proven efficacy of this unit, it is also determined to be medically unnecessary.

Criteria/Guidelines utilized:

1. ACOEM Guidelines, 2nd Edition, Chapter 8, pages 173-174.
2. Blue Cross Guideline #5.01.01 "Interferential Current Stimulation".

Physician Reviewers Specialty: Pain Management

Physician Reviewers Qualifications: Texas licensed MD, and is currently listed on the TWCC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to CompPartners, Inc.

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.