



Specialty Independent Review Organization, Inc.

November 11, 2005

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-0136-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC 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 Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC 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

This 41 year old male was injured at work on \_\_\_\_\_. Patient was lifting at work when he re-injured his back. According to the information received, the patient was initially injured in \_\_\_\_\_. The patient was unloading wood chips and the bag weighed 100-150 pounds when he had a sudden onset of pain in his low back.

Patient complains of severe low back pain with pain radiating down the left leg associated with numbness and tingling in the thigh. Patient has increased pain with sitting. The patient had a prior laminectomy at L4-5 in 1983. In 1995 the patient had an L4-5 posterior fusion. Patient has had no back problems until the injury of \_\_\_\_\_.

Apparently the patient had another surgery at L5-S1 with a decompression laminectomy (date unknown.) Patient also had a left microdiscectomy at L3-4 on 05/18/1998. On 08/29/2003 another surgery was carried out with a two level redo laminectomy from L3-L5, repair of dural tears, and a posterior fusion from L3-4.

According to the information supplied, on 03/08/2005 the patient had an EMG revealing a left side L4 and L5 radiculopathy. The myelogram CT scan shows he has solid fusions from L4 through S1, but still has a non-union at L3-4. On the progress note of 09/15/2005 by the provider, the patient's symptoms are becoming worse. The patient gets intermittent lightning bolts down both legs and has increased pain with bending, twisting, taking out the trash, and doing dishes.

#### RECORDS REVIEWED

Liberty Mutual Letters: 8/12, 9/20, and 10/14/2005.

\_\_\_ Letter: No date.

Panasonic Information: 9/26/2005.

ACA Information: 9/26/2005.

P Vaughan MD, Letter: 6/29/2005.

L Rangaswamy MD, Reports: 9/20 and 10/18/2005.

D Kharrazi MD, Report: 10/18/2005.

Records from Doctor/Facility:

P Vaughan MD, Reports: 9/22/1997 through 9/15/2005.

Records from Carrier:

P Vaughan MD, OP Note: 8/29/2003.

Medical Dispute: 10/12/2005.

#### REQUESTED SERVICE

The requested service is a real pro massage chair.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

In the search of PubMed there are no scientific papers proving the efficacy of using a massage chair. According to the manufacturers, the pro massage chair is the first thinking massage lounger. It uses a total body scan technology to deliver a massage that is personalized to the body. Manufacturer also states that massage therapy helps increase the blood circulation and temporarily reduces muscle stiffness to leave the patient feeling relaxed and rejuvenated. From the Orthopedic Knowledge Update, The Spine, American Academy of Orthopedic Surgeons: There is no scientific rationale for the use of a massage chair in the treatment of chronic generalized low back pain.

## REFERENCES

*ORTHOPEDIC KNOWLEDGE UPDATE, The Spine, AAOS, 2004.*

*Gunzburg and Szpalski: The Failed Spine.*

*Braddom: PHYSICAL MEDICINE AND REHABILITATION.*

*PUB MED Search, 2005*

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 the reviewing provider has no known conflicts of interest between that provider 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 before referral to the IRO.

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 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 via facsimile, U.S. Postal Service or both on this 11<sup>th</sup> day of November 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:          Wendy Perelli**