

NOTICE OF INDEPENDENT REVIEW DECISION

February 23, 2006

Requestor

RS Medical
ATTN: Joe Basham
P.O. Box 872650
Vancouver, WA 98687-2650

Respondent

City of McAllen c/o Parker & Associates
ATTN: Kevin McGillicuddy
Fax#: (512) 320-9967

RE: Claim #:
Injured Worker:
MDR Tracking #: M2-06-0494-01
IRO Certificate #: IRO4326

TMF Health Quality Institute (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) has assigned the above referenced case to TMF for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and the provider, 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. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related on ____ resulting in brachial neuritis, lumbosacral neuritis, and muscle spasms. The patient has been using a RS muscle stimulator and the treating physician states that it has contributed to the patient's relief of pain and muscle spasms.

Requested Service(s)

Proposed purchase of a RS41 Sequential 4 channel combination interferential and muscle stimulator.

Decision

It is determined that the proposed purchase of a RS41 Sequential 4 channel combination interferential and muscle stimulator is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the medical record documentation, the office notes from 07/26/05 through 08/31/05 indicate that the patient received interferential therapy, myofascial release, neuromuscular reeducation, and supervised therapeutic exercises over two years past the injury date. Before medical necessity can be adequately established that would require the purchase of such equipment, it is incumbent on the requestor to more fully establish what other types of treatments have been tried in the past, and whether or not they were beneficial.

In addition, the medical record documentation failed to document that chiropractic spinal adjustment were performed at any time. According to the AHCPR¹ guidelines, spinal manipulation was the only recommended treatment that could relieve symptoms, increase function and hasten recovery for adults suffering from acute low back pain; the British Medical Journal² reported that spinal manipulation combined with exercise yielded the greatest benefit; and JMPT³ reported that spinal manipulation may be the only treatment modality offering broad and significant and long-term benefit for patient with chronic spinal pain syndromes. In terms of the cervical spine, several studies^{4 5 6 7 8 9} have proven the effectiveness of spinal manipulation for patients with cervical spine symptoms and conditions. The medical record documentation does not substantiate that the treating doctor attempted the recommended form of treatment¹⁰. Therefore, the proposed purchase of an RS4i stimulator is both premature and medically unnecessary.

¹ Bigos S., Bowyer O., Braen G., et al. Acute Low back Problems in Adults. Clinical Practice Guideline No. 14. AHCPR Publication No. 95-0642. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. December, 1994.

² *UK Back pain Exercise And Manipulation (UK BEAM) randomized trial*: Medial Research Council, British Medical Journal (online version) November 2004.

³ Muller, R. Giles, G.F. Long-term Follow-up of a Randomized Clinical Trial Assessing the Efficacy of Medication, Acupuncture, and Spinal Manipulation for Chronic Mechanical Spinal Pain Syndromes. *J Manipulative Physiol Ther* 2005;28:3-11

⁴ Hurwitz EL, Morgenstern H, Harber P, Kaminski GF, Yu F, Adams AH. A randomized trial of chiropractic manipulation and mobilization for patient with neck pain: clinical outcomes from the UCLA neck-pain study. *Am J Public Health*. 2002 Oct;92(10):1634-41

⁵ Hoving JL, Koes BW, de Vet HC, Vander Windt DA, Assendelft WJ, van Mameren H, Deville WL, Pool JJ, Scholten RJ, Bouter LM. Manual therapy, physical therapy, or continued care by a general practitioner for patients with neck pain. A randomized, controlled Trial. *Ann Intern Med*. 2002 May 21; 136(10):713-22.

⁶ Gross AR, Hoving JL, Haines TA, Goldsmith CH, Kay T, Aker P, Bronfort G, Cervical overview group. Manipulation and Mobilization for Mechanical Neck Disorders. *Cochrane Database Syst Rev*. 2004; 1:CD004249.

⁷ Koes, B, Bouter, L, et al. Randomized clinical trial of manipulative therapy and physiotherapy for persistent back and neck complaints: results of one year follow up. *BMJ* 1992; 304:601-5.

⁸ Koes BW, Bouter LM van Mameren H, et al. A randomized clinical trial of manual therapy and physiotherapy for persistent neck and back complaints: sub-group analysis and relationship between outcome measures. *J Manipulative Physio Ther* 1993; 16:211-9.

⁹ Cassidy JD, Lopes AA, Yong-Hing K. The immediate effect of manipulation versus mobilization on pain and range of motion in the cervical spine: A randomized controlled trial. *J Manipulative Physio Ther* 1992; 15:570-5.

¹⁰ Haas M, Group E, Kraemer DF. Dose-response for chiropractic care of chronic low back pain. *Spine J*. 2004 Sep-Oct; 4(5):574-83. "There was a positive, clinically important effect of the number of chiropractic treatments for chronic low back pain on pain intensity and disability at 4 weeks. Relief was substantial for patients receiving care 3 to 4 times per week for 3 weeks."

This decision by the IRO is deemed to be a DWC decision and order.

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 or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must 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 this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,



Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

cc: Injured Worker
Program Administrator, Medical Review Division, DWC

In accordance with division 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 23rd day of February 2006.

Signature of IRO Employee:

Printed Name of IRO Employee:

Information Submitted to TMF for Review

Patient Name: ____

Tracking #: M2-06-0494-01

Information Submitted by Requestor:

- Prescriptions
- Daily physical therapy notes
- Clinic notes
- Letter of medical necessity from Dr. McDaniel
- Letter from patient
- Usage Reports

Information Submitted by Respondent:

None