



CompPartners Final Report



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

Claimant Name: _____
Texas IRO #: _____
MDR #: M2-06-0685-01
Social Security #: _____
Treating Provider: Elias Benhamou, MD
Review: Chart
State: TX
Date Completed: 2/27/06

Review Data:

- **Notification of IRO Assignment dated 2/6/06, 1 page.**
- **Receipt of Request dated 2/6/06, 1 page.**
- **Medical Dispute Resolution Request dated 1/17/06, 2 pages.**
- **List of Treating Providers dated 1/27/06, (date unspecified), 3 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Fax Cover Sheet dated 1/11/06, 12/5/05, 11/29/05, 11/28/05, 11/11/05, 11/14/05, 10/14/05, 9 pages.**
- **Letters from Intracorp dated 12/5/05, 11/16/05, 5 pages.**
- **Cover Sheet dated 2/7/06, 1 page.**
- **Dispute Letter dated 1/27/06, 1 page.**
- **Request for Authorization dated 11/28/05, 11/10/05, (date unspecified), 3 pages.**
- **Prescription dated 10/21/05, 1 page.**
- **Statement of Medical Necessity dated 11/29/05, 11/8/05, 2 pages.**
- **Office Note dated 10/20/05, 1 page.**
- **Article Regarding TENS unit (date unspecified), 1 page.**
- **Article Regarding an RS-4i unit (date unspecified), 2 pages.**
- **Price List (date unspecified), 1 page.**
- **Article Regarding Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non-acute Low Back Pain (date unspecified), 6 pages.**
- **Other Notification Confirmation dated 11/14/05, 2 pages.**
- **Second Request for Authorization (date unspecified), 1 page.**
- **Case Event Summary (date unspecified), 2 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for the purchase of a RS-4i muscle stimulator.

Determination: **UPHELD** - the previously denied request for the purchase of a RS-4i muscle stimulator.

Rationale:

Patient's age: 57 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: Not stated for this review.

Diagnoses: Cervicalgia and thoracic pain with muscle spasm.

The patient had treatment for the above symptomatology with the requested muscle stimulator. However, there was no documentation of any objective and measurable improvement, specifically from the uses of the requested stimulator. It was not known if any other specific treatments had been attempted; nor were there any documented results such as with physical therapy or medication management.

While transcutaneous electrical nerve stimulation and/or interferential units may have some value, and a short term induced in conjunction with program of functional restoration, there was no documentation of functional restoration program in the data submitted for review in this case. The request for the purchase of a RS-4i muscle stimulator is therefore, denied based on the following:

1. There are no high grade peer review double blind controlled studies which corroborate the theory that the requested device is more efficacious over a TENS unit.
2. Based on the literature the requested devices are not likely to produce substantial and sustained improvement with muscle pain.
3. ACOEM Guidelines do not endorse these devices.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

1. Journal of pain October 2001; 2(5): 295-300 "electrical muscle stimulation as an adjunct exercise therapy in the treatment of non-acute low back pain; a randomized trial. Glaser JA."
2. American Journal 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. Clinical Physiology 2001; 21: 704-711 "the effect of three electrotherapeutic modalities upon peripheral nerve conduction and mechanical Pain threshold. Alves-Guerro.
4. Annuals of rheumatoid disease 1999; 58: 530-540 "no effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders; a randomized control trial. Van der Heijden et al.
5. The ACOEM Guidelines, 2nd Edition, Chapter 12.

Physician Reviewers Specialty: Pain Management

Physician Reviewers Qualifications: Texas Licensed M.D. and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the 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.