PROFESSIONAL
ASSOCIATES

**NOTICE OF INDEPENDENT REVIEW**

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| **NAME OF PATIENT:** | ___ |
| **IRO CASE NUMBER:** | M2-06-0928-01 |
| **NAME OF REQUESTOR:** | RS Medical |
| **NAME OF PROVIDER:** | Kenneth Alo', M.D. |
| **REVIEWED BY:** | Board Certified in Orthopedic Surgery |
| **IRO CERTIFICATION NO:** | IRO 5288 |
| **DATE OF REPORT:** | 04/06/06 |

Dear RS Medical:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed 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.

This case was reviewed by a physician reviewer who is Board Certified in the area of Orthopedic Surgery and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization.

## REVIEWER REPORT

### Information Provided for Review:

Evaluations with Huang T. Le, M.D. dated 04/03/02, 04/12/02, 04/23/02, 05/13/02, 05/24/02, 06/03/02, 10/08/02, 02/25/03, 04/07/03, 05/20/03, 05/27/03, 06/23/03, 08/25/03, 10/21/03, 06/08/04, 10/19/04, 01/24/05, 08/22/05, 12/12/05, and 02/28/06
A TWCC-73 form from Dr. Le dated 06/07/04
A Required Medical Evaluation (RME) with Robert Brownhill, M.D. dated 08/08/05
Evaluations with Kenneth Alo', M.D. dated 09/20/05 and 10/31/05
A prescription from Dr. Alo' dated 09/20/05
RS Medical patient usage reports dated 11/08/05, 12/01/05, 01/01/06, and 02/04/06
A letter of medical necessity from Dr. Alo' dated 11/29/05
A letter of denial from St. Paul Travelers dated 01/04/06
On 01/16/06, the patient wrote a letter "To Whom It May Concern" to RS Medical
On 01/16/06, St. Paul Travelers provided a letter of denial to the appeal letter

### Clinical History Summarized:

On 04/03/02, Dr. Le recommended off work status and a pain management evaluation. On 04/12/02, Dr. Le recommended a neurosurgical evaluation and prescribed Soma, Bextra, Vicodin ES, and Klonopin. On 10/08/02, Dr. Le recommended an evaluation for an impairment rating. On 05/20/03, Dr. Le stated he would write a letter regarding dispute of the impairment rating. An anterior Doppler study of the right leg was recommended by Dr. Le on 06/23/03. Lexapro was prescribed by Dr. Le on 08/25/03. On 01/24/05, Dr. Le recommended physical therapy, an EMG/NCV study, and possible pain pump insertion. Dr. Brownhill recommended pain management with possible injections and continued medications on 08/08/05. On 09/20/05, Dr. Alo' recommended continued medications, injections, and an RS Medical stimulator unit. Dr. Alo' wrote a letter of medical necessity for the RS Medical stimulator unit on 11/29/05. On 01/04/06 and 01/16/06, St. Paul Travelers wrote a note of denial for the RS Medical stimulator unit. On 01/16/06, the patient wrote a letter of appeal for the RS Medical stimulator unit. Dr. Le prescribed Xanax and Ambien on 02/28/06.

**Disputed Services:**

Purchase of an RS 41 sequential 4 channel combination interferential and muscle stimulator

**Decision:**

I disagree with the requestor. The purchase of an RS 41 sequential 4 channel combination interferential and muscle stimulator would be neither reasonable nor necessary.

**Rationale/Basis for Decision:**

The medical literature is unambiguous that those inferential stimulators do not provide relieve beyond that of placebo. There was one paper in the medical literature by J.A. Glacier et. al. in The Journal of Pain that was published in 2001. This stated the effects of an inferential stimulator are time limited; that is they cease being effective after a short time. This individual has a chronic pain syndrome that will unlikely be altered by the use of the inferential stimulator. There was no medical or scientific justification for its use. Therefore, the purchase would be neither reasonable, nor necessary as related to the original injury.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Division decision and order.

## YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

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

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 04/06/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel