



Specialty Independent Review Organization, Inc.

April 11, 2006

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-1057-01  
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 53-year-old female had a chief complaint of low back pain, left lower extremity pain, neck pain, and left upper extremity pain. The patient was injured on \_\_\_\_ when she started to sit in a chair which slipped out from beneath her, causing her to sit down very hard and resulting in pain in the low back, neck, and left arm.

In the information supplied there is reference to an injury of \_\_\_\_ to both knees. Some of the information reviewed concerns this injury, but is not included in this report.

Patient has been seen by numerous physicians and physical therapy groups with treatment to her cervical and lumbar spine. This treatment has included medication, therapy, FCEE, and epidural steroid injections.

Patient's pain is constant associated with numbness and tingling in the left arm. Patient also complains of low back numbness when she sits for prolonged time. Pain is aggravated with increased activity and bending.

MRI of the cervical spine dated 06/30/2003 reveals a small right sided disc osteophyte complex. MRI of the lumbar spine on 07/19/2003 revealed a degenerative disc disease at L4-5, 5-S1 without significant canal or foraminal stenosis.

Physical examination of the cervical spine reveals restricted range of motion in flexion, extension, left and right lateral flexion, and left rotation. Muscle strength of the cervical muscles was decreased due to pain. There are no radicular symptoms.

Low back examination reveals normal gait, straight leg raise negative, Waddell test negative, muscle strength 5/5, and no changes in the dermatome.

#### RECORDS REVIEWED

Hartford Letters: 1/20 and 2/01/2006.

RS Medical, Letters: 11/23/2005 and 01/10/2006.

Records/Doctors Facility:

El Paso Ortho, Report: 3/8/2006.

C Viesca MD, Reports: 11/23, 12/21/2005 and 2/03/2006.

\_\_\_\_\_, Letter: 2/6/2006.

RS Medical, Usage Report: 11/26/2005 through 3/4/2006.

Records from Carrier:

M Boone MD, EMG: 3/9/2004,

Report: 8/4/2005.

D Smith MD, Reports: 2/4/2004 through 12/21/2005.

B King MD, Reports: 4/5/2001, 4/16/2004,

OP Note: 11/11/2004, 1/02/2004.

M DiDonna MD, Report: 5/07/2005.

El Paso Ortho, MRI: 3/28/2001, 9/17/2003.

RioVista Report: 8/15/2003.

Outpatient Physical Therapy, Reports: 6/4-8/13/2003.

Hartford Letters: 1/24/2005 through 3/20/2006.

C Viesca MD, Reports: 1/6 and 2/9/2006.

D Bodin MD, Report: 2/2/2006.

J York MA, Reports: 1/6 and 3/16/2006.

J Villarreal MD, ESI: 2/15/2005.

Texas Ortho Therapy, Reports: 3/7 – 5/6/2005.

FCE: 11/30/2005.

C George MD, Report: 5/3/2004.

Intracorp, Letters: 5/17, 5/20/2005.

## REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the purchase of an RS4i sequential 4 channel combination interferential and muscle stimulator.

## DECISION

The reviewer disagrees with the previous adverse determination.

## BASIS FOR THE DECISION

This 53-year-old female was injured on \_\_\_ and has a chronic pain syndrome involving her cervical and lumbar spine regions. Patient has been treated conservatively with minimal improvement. According to the information supplied, the trial usage of the RS4i gave relief of the pain to a tolerable level.

RS4i provides an interferential current and muscle stimulation, which relieves acute pain, and relieves and manages chronic pain. It also creates muscle contractions to relax muscle spasms, prevent or retard disuse atrophy, maintain or increase range of motion by increasing local blood circulation which may significantly increase the healing rate of soft tissue injuries.

### References

Medicare Coverage Issues Manual, Section 35-77.

Brotzman & Wilk: Clinical Orthopedic Rehabilitation, 2nd Edition.

Braddom: Physical Medicine and Rehabilitation.

Travell & Simons: Myofascial Pain and Dysfunction.

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 Division via facsimile, U.S. Postal Service or both on this 11<sup>th</sup> day of April, 2006**

**Signature of Specialty IRO Representative:**

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