



June 5, 2006

Amended June 13, 2006

Re:   **MDR #:**       **M2 06 1329 01**                           **Injured Employee:**   \_\_\_  
      **DWC #:**       \_\_\_                                       **DOI:**               \_\_\_  
      **IRO Cert. #:** 5055                                   **SS#:**               \_\_\_

**TRANSMITTED VIA FAX TO:**  
**TDI, Division of Workers' Compensation**  
Attention: \_\_\_  
Medical Dispute Resolution  
Fax: (512) 804-4868

**RESPONDENT:**               **El Paso ISD/Ward North America**

**REQUESTOR:**               **RS Medical**

**TREATING DOCTOR:**       **Carlos Viesca, MD**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. 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 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in anesthesiology/pain management and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. 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.

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 June 5, 2006.

Sincerely,



Jeff Cunningham, DC  
Office Manager

**REVIEWER'S REPORT  
CASE NUMBER**

**Information Provided for Review:**

1. Progress notes of Dr. Viesca and Dr. Mansfield
2. Medical record review of Dr. Blume
3. Radiographic imaging study reports
4. Utilization data from RX Medical

**Clinical History:**

This claimant was allegedly injured on \_\_\_ while attempting to close a vent in the school bus she drove. The vent allegedly became stuck, causing the claimant to develop lumbar pain. X-rays at that time demonstrated degenerative changes throughout the lumbar spine with scoliosis and spondylolisthesis at the L4/L5 level. The claimant was returned to regular duty shortly after her injury and was deemed to be at maximum medical improvement by a physician designated by her treating physician on 11/16/04. She had no impairment rating. In June 2005 the claimant began to complain of bilateral knee pain followed in September 2005 by a complaint of back pain with numbness and tingling in her feet. None of these symptoms were present at the time of the original alleged injury. An MRI scan was performed in October 2005. It demonstrated severe facet arthropathy at L1/L2, L2/L3, L3/L4, and L4/L5 and L5/S1. A moderate left disc extrusion was noted at L3/L4 as well as moderate spinal canal stenosis with degenerative anterolisthesis at L4/L5. Severe bilateral neural foraminal stenosis was also noted at L4/L5. The claimant was then referred to Dr. Viesca in January 2006 who ordered a trial use of an RS-4i neuromuscular stimulator device. He also recommended scheduling the claimant for bilateral L4/L5 transforaminal injection. The claimant began use of the device on 01/06/06. Subsequent progress notes from Dr. Mansfield indicate no change in the claimant's pain complaint through 03/14/06, after 2 months of use. Utilization data downloaded from the claimant's device indicated that between the time period of 01/06/06 through 03/18/06, the claimant used the device on the average of no more than 23 minutes per day. The data actually indicates that the claimant used the device 48 times during the first 26 days for an average of 22 minutes, 17 times during the next 15 days for an average of 23 minutes, and 7 times during the next 16 days for an average of 23 minutes. There is no objective data provided as to the claimant's response to the device, nor any documentation by Dr. Mansfield that the claimant was obtaining significant benefit, improved functioning or decreased use of medication. A medical record review was performed on April 20, 2006 by Dr. Blume in which he stated that the current treatment being provided to this claimant was not medically reasonable and

necessary for her compensable injury of \_\_\_\_, as the claimant's development of radicular pain did not coincide with the alleged work injury. He noted that the medical records indicated that the claimant had no leg symptomatology or neurologic deficits for a long time period subsequent to the alleged injury and did not report radicular symptomatology until some 15 months following the event. He further stated that the MRI scan findings were more indicative of a pre-existing condition or a condition that developed subsequent to the work-related event rather than indicative of any pathology related to the work event. He stated that none of the treatment being provided to the claimant was medically reasonable to necessary for treatment of the compensable injury. A request for purchase of the RS-4i muscle stimulator has been twice denied by physician advisors, on 03/09/06 and 03/15/06.

**Disputed Services:**

Purchase of an RS-4i Sequential 4-channel Combination Interferential and Muscle Stimulator.

**Decision:**

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

**Rationale:**

First and foremost, there is no scientific evidence of peer-reviewed scientific medical study that demonstrates long-term efficacy of this device for this claimant's clinical condition. Additionally, I agree with the medical record reviewer in that the claimant's current symptomatology and clinical condition are not, in all medical probability, related to the alleged work event of \_\_\_\_\_. Her MRI scan findings are all of either a chronic degenerative nature or, in the case of the disc herniation, clearly not related or the result of the work injury, as she had no radicular pain complaints until 15 months following the alleged work event. There is also no objective medical documentation that this claimant is obtaining significant clinical benefit from the trial use of this device, nor any clinically valid medical documentation of improved functioning or decreased medication use. Therefore, the purchase of this device is not medically reasonable or necessary, nor would its purchase be related to the work event of \_\_\_\_\_.

**Screening Criteria:**

There are no peer-reviewed scientific studies nor scientific evidence of long-term efficacy of this device for this claimant's specific clinical condition.