



Specialty Independent Review Organization, Inc.

August 18, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1729-01
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 Medical Doctor with a specialty in Anesthesia and Pain Management. 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

According to the medical records, the patient suffered an on the job injury on ____ due to repetitive stretching and lifting over her head. Symptoms included neck and low back pain with radiation into her arm. The patient underwent different treatments including physical therapy, chiropractic, medications, injections, as well as diagnostic tests including X Rays, MRI of lumbar spine. The patient was seen by Dr. David Singleton and Dr. Kenneth Alo. On 10-28-04 she underwent bilateral SI joint injections. On 06-30-05 she underwent a bilateral C5-C6 block. On 8-11-05 she had a C6-C7 block. On 9-15-05 and 11-03-05 she had C3/4, C4/5, 5/6, 6/7 facet joints/ median branches injections. The patient only obtained temporary relief of pain with injection therapy, she had increased ROM of her left upper extremity after cervical injections. There are no reports available of the patient's MRI or EMG. Her diagnoses included: cervical

spondylosis w/o myelopathy, radiculopathy, cervical, arthropathy, lumbar facet, sacroiliitis NEC. In terms of medication, the patient was prescribed Neurontin, Medrol Dose Pack, Celexa, Avinza, kadian, Skelaxin. In her last follow-up notes on 2-06-06 and 02-28-06, Dr Alo stated the patient was having residual muscle spasm with improvement of her left upper extremity with pain over the cervical spine with flexion, extension and rotational movements, the sensory examination revealed dysesthesia C5/6/7 dermatomal distribution. Dr Alo prescribed Medrol Dose Pack and a recommendation for pain management was also given to the patient.

On April 5, 2006 Dr. Alo wrote a Medical Necessity Letter for a RS-41 Stimulator and the RS-FBG Full Back Conductive Garment. The patient utilized the Stimulator for approximately three months and a half and the request for purchase was made to the Insurance Company

RECORDS REVIEWED

General Records: Notification of IRO assignment; Receipt of MDR Request dated 07-05-06; Medical Dispute Resolution Request dated July 11, 2006; List of Doctors and health care providers that examined the patient dated 07-12-06; Pre-authorization denial of 05-08-06; Reconsideration denial of 05-24-06.

Records from the carrier: Pre- authorization denial of 05-08-06; Re-consideration denial of 05-24-06; Medical Dispute Resolution Report dated 01-12-06; Case report by Lisa Gill, DO dated 05-08-06; Case Report by Thomas Stinson, M.D. PhD Anesthesiology/Pain Management; RS-4i Brochure Information.

Records from the doctor: Initial consultation report from Dr. David Singleton dated 03-22-04; Follow up notes Dr. D. Singleton dated 4-22-04, 6-03-04, 9-01-04, 9-29-04, 11-09-04; Follow up consultation note Dr. Kramer dated 01-07-05, 02-18-05; Follow up consultation note Dr Alo Pain Management dated 05-16-05, 07-06-05, 08-17-05, 10-11-05, 11-14-05, 02-06-06, 02-28-06; Prescription for Stimulator Therapy by RS Medical dated 04-22-06; Reports of use of muscle stimulator from 02-25-06 until 06-06-06.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of an RS4i muscle stimulator.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states the additional medical records have not established the medical necessity of the RS4i unit. One of the main factors of denial is that the provider will need to present his/her case as to the medical necessity of the treatment in question. In this case, medical records

provided included a one page provider summary of the patient's response to three months of therapy with the unit and the patient's usage report of the stimulator from RS Medical. There are no medical studies that support the efficacy of the treatment or mention of her current treatment. The patient failed conservative measures of treatment, physical therapy and medications, and her pain management program was recommended. The patient has had a good response with facet injections performed by Dr. Alo, with significant reduction of pain. There is no discussion as to the patient's response, or lack of, other conservative modalities of home physical therapy such as exercise/stretching.

A prescription form for the interferential unit was provided that states that the RS4i unit is prescribed to: relieve and manage chronic pain, relax muscle spasms, prevent or retard disuse atrophy, and re-educate muscles. If the patient presents with a facet joint pathology, this would not normally be considered a chronic source of pain or cause muscular atrophy.

The unit requested is an interferential unit, similar to the traditional TENS unit apparatus. Both basically provide electrical nerve stimulation with trans-cutaneous delivery systems. The medical documentation and studies generally do support a short term use of these types of units during initial phases of physical therapy. They do not support any clinical efficacy on a long term or home usage basis. The patient is four years post injury and the reviewer notes no documentation as to the patient's clinical diagnosis or basis for any physical source of pain. The Philadelphia panel guidelines of neck and lower back pain both indicate that no consistent benefit was shown from a clinical standpoint on improved patient outcomes. According to the ACOEM guidelines, this type of apparatus is used for short term use only to increase patient mobilization and not indicated for long term use. In Minder et al the study involved delayed onset muscle soreness and the use of interferential therapy. It concluded that there was no significant difference obtained between the control group and the test group.

In summary, it is the provider's responsibility to establish medical necessity in the request for treatment at this review level. The patient has only presented with significant clinical changes from her interventional treatment and her improvement with the RS4i unit has been marginal. There is not any medical justification that this apparatus has provided any significant benefit and, in all probability, will not provide any future medical benefit.

REFERENCES

- (1) ISIS Practice Guidelines and Protocols. 2004.
- (2) Bogduk, N. *Diagnostic Nerve Blocks in Chronic Pain*. Best Pract Res Clin Anaesthesiol. 2002 Dec; 16(4), 565-78.
- (3) Pappas, John L., Cynthia H. Kahn and Carol Warfield. *Facet Block and Neurolysis. Interventional Pain Management*. 1996. pp 284-303.

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 18th day of August 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli