



Specialty Independent Review Organization, Inc.

August 25, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1766-01
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 46-year-old female was injured on _____. The injury occurred when she was instructed by a manager to move from one cubicle to another and was lifting some 4 inch manuals from the floor. She heard a distinct pop in her back and developed severe low back pain that has since radiated into both lower extremities. The patient states that her legs are becoming weaker and her left leg has become smaller since the injury. She is off balance and her legs cramp. Patient describes spasms in her back that have progressively worsened and her legs and feet are cold most of the time. There is also numbness and tingling in both lower extremities.

Physical examination reveals moderate tenderness in the lumbar spine, no sciatic notch tenderness, and the lumbar range of motion decreased by 10 degrees in all planes. Strength is 4/5 with give-way weakness throughout all muscles tested in both lower extremities, sensation to light touch is diffusely diminished in both lower extremities. Straight leg raise is positive at 50 degrees bilaterally. There is muscle wasting of the EDB muscle on the left and dorsiflexion weak bilaterally.

The subjective findings include low back pain radiating into both lower extremities, legs and feet are cold, and back spasms. The objective findings include wasting of the EDB muscle on the left, 1cm decrease in calf circumference on the left, decreased pinprick throughout both of the lower extremities, gait antalgic, and decreased hip flexor strength.

EMG on 08/03/2004 indicated bilateral L5 radiculopathy. The MRI on 03/18/2005 revealed a central disc herniation at L5-S1. The discogram CT scan on 05/04/2005 revealed concordant pain at L5-S1.

Treatment has included ESIs, physical therapy, and medications. There was a trial of the RS4i Unit with decreased symptoms.

Patient has reported numerous falls and was been seen in emergency room departments on 02/19 and 02/20/2006.

An MRI on 02/20/2006 revealed moderate L5-S1 disc degeneration with posterior protrusion associated with foraminal narrowing and partial effacement of the left L5 nerve root.

RECORDS REVIEWED

There were seven inches of medical records supplied for this review. The majority of the information concerned the patient's other medical conditions. These include: headaches, vomiting, diarrhea, and fever. Patient has erosive gastritis, esophagitis, and GERD. There is also information concerning irritable bowel syndrome, kidney stone, and recurrent urinary tract infections.

Concentra, Letters: 5/23 and 6/2/2006.

Records from Doctors, Facility, and Carrier:

S Linder MD, Reports: 2/23/2005 through 7/10/2006.

R Myles MD, Reports: 9/16/2004 through 4/26/2006.

RS Medical, Letters: 3/1 through 7/28/2006.

R Levy MD, Report: 11/5/2004 through 10/28/2005.

K Cowens MD, Report: 9/13/2005.

P Cantu MD, Reports: 10/26/2004 & 4/19/2005.

C Tucker DO, Reports & EMG: 5/25/2004 through 8/19/2004.

IntraCorp, Letters: 9/13/2004 through 10/11/2005.

NorthHills Hospital, MRI: 6/28/2005
TDI Imaging, CT: 5/4/2005.
NHH Imaging Center, MRI: 3/18/2005.
CRM, FCE: 11/21/2005.
PT: 11/09/2005.
K Gill MD, Report: 4/13/2005.

REQUESTED SERVICE

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

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that this patient has had a nerve injury since ___ with an HNP at L5-S1. Conservative care has given only minimal improvement until the use of the RS4i Unit. According to the ODG Guidelines, interferential stimulation is not medically indicated; however, the RS4i Muscle Stimulator is not a TENS unit and is a 4 channel combination IF and Muscle Stimulator (NMES) and is indicated for relieving pain, relaxation of muscle spasm, prevention or retardation of disuse atrophy, maintaining or increasing range of motion, increasing local blood circulation, and muscle reeducation.

REFERENCES

Medicare Coverage Issues Manual, Section 35-77.

DeLissa, Jans, et al: Rehabilitation Medicine, Principles and Practice, 3rd Edition.

Glaser et al: Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non-acute Low Back Pain, Journal of Pain, 2001: 2: 295-300.

Fried, Johnson, McCracken: Transcutaneous Electrical Nerve Stimulation: Its Role in the Control of Chronic Pain. ARCH Phys MED, Rehabil, 65: 228-231, 1984.

Mannion, Muntener, et al: Clinical Trial of Three Active Therapies for Chronic Low Back Pain, SPINE 24, 1999.

Hazard: Functional Restoration, SPINE 20; 2345-48, 1995.

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 25th day of August 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli