



Specialty Independent Review Organization, Inc.

September 6, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1814-01
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 ____ when she was attempting to prevent a table from falling at work and felt pain in the lower back.

On 6-09-05, Dr. Sickler, pain management specialist, as a referral from Dr. Roger Pringle evaluated her. The patient was complaining of pain over the lumbar spine area that was about 6/10. As per the records, she underwent a MRI of the lumbar spine on May 9, 2005 with multilevel degenerative changes with evidence of hypertrophy facets complexes at L4-L5 and L5-S1 with mild to moderate bilateral neuroforaminal narrowing at L4-L5 associated with hypertrophy changes in the facet joints at this level, left more than right.

Recommendations were made to proceed with facet injections at the L4-L5; L5-S1 the patient was placed on Ibuprofen and Flexeril for muscle spasms and Vicodin for breakthrough pain. Recommendation for a sequential neuromuscular stimulator was made. On 6-16-05, Dr. Sickler saw the patient in follow up with the same recommendations. Then on 8-01-05 patient was seen status post bilateral lumbar facet injection at L4-L5, L5-S1 with no complains of pain, the patient continued to use the neuromuscular electrical stimulator and was taking Vicodin ES, and Flexeril. A plan was made to repeat the bilateral L4-L5, L5-S1 facet injections, physical therapy, use of the neuromuscular stimulator and medications.

On 8-15-05, patient was seen on follow up and was complaining of lower back pain and radiation to the buttocks and posterior thighs. Recommendations were made to request dorsal median branch blocks and further recommendation for radiofrequency Neurolysis.

On 9-28-05, she was evaluated in a follow up by Dr. Sickler, she was complaining of low back pain. She stated at that time after bilateral medial branch blocks at L3 to L5 complete relief of pain for one day, but there after symptoms began to recur. Pain level was assessed between 4 and 8/10. A recommendation for radio frequency denervation of the dorsal medial branches bilateral L3, L4, L5, S1 was done. Physical therapy was continued and she was returned to work in light duty.

On 10-27-05, patient was evaluated by Dr. Sickler she was status post completion of radio frequency denervation of the dorsal medium branches bilaterally from L3-S1. She was complaining of some dull aching as well as some muscle tightness. Recommendations for physical therapy and for Functional Capacity Evaluation were made.

On 01-10-06, Dr. Sickler saw the patient in follow up. She was in status post radiofrequency denervation. She stated having significant improvements. Being able to sit, stand and reporting no back pain. A recommendation for medium work was done, and to continue with home exercise program.

On 02-27-06, Dr. Sickler saw the patient in follow up. Patient was complaining of recurrence of pain mainly when standing for long periods of time. She was also complaining of tingling and numbness in the lower extremities. Oral anti-inflammatory and muscle relaxant medications were prescribed, and recommendations to continue with her home stretching protocols.

On 03-13-06, Dr. Sickler saw the patient in follow up. The patient was indicating better progress from the previous visit. She had been utilizing Anaprox and Soma. She described the pain as dull and aching sensation on the lower back. Her pain level was rated about 4/10. The patient was able to sit with no distress. Transfers were unencumbered. A recommendation for re-initiation of Rsi4 neuromuscular stimulator on a trial basis was made.

On 04-03-06, Dr. Sickler saw the patient in a follow up. She was complaining of tingling and numbness down the lower extremities. Pain level was assessed as 5/10 she was using Anaprox DS q 12 hrs and Soma. A recommendation to return the patient to regular activities was made weight restrictions were increased to 50 pounds.

On 6-28-06, Dr. Sickler saw the patient in a follow up. She was reporting having intermittent aching pain across the lower back and intermittent numb like tingling dysesthesias in the lower extremities. She was using Soma and Anaprox to control her symptoms. Pain was rated as 1/10 across the lower back. Recommendations for conservative care were done and follow up on a needed basis.

RECORDS REVIEWED

General Records: Notification of IRO assignment ; Receipt of MDR Request dated 07-25-06; Medical Dispute Resolution Request dated July 25, 2006; Pre-authorization denial of 06-08-06; Reconsideration denial of 06-16-06

Records from the carrier: Pre- authorization denial of 08-09-06; Re-consideration denial of 06-16-06; Medical Dispute Resolution Report dated 07-25-06; Addendum letter from Churchill Evaluation Centers dated 11-13-05; RS Medical treatment sheet 05-15-06; RS Medical pre-authorization appeal dated 6-7-06; Letter of Medical Necessity for Rsi4 from Dr Sickler dated 05-05-06; RS rental purchase agreement dated 03-16-06; RS-4i Brochure Information

Records from the doctor: Kelsey-Seybold Clinic Encounter Record dated 04-26-05; Initial office visit with Dr. Sickler dated 6-09-05; Follow up notes with Dr. Sickler dated 6-16-05, 8-01-05, 8-15-05, 9-28-05, 01-10-06, 10-27-05, 02-27-06, 04-03-06, 03-13-06, and 06-28-06; KUB dated 04-27-05 / Lumbar Spine X rays dated 04-27-05; Lab corp. Urinalysis dated 04-27-05; TWCC – 73 dated 5-03-05; TWCC –73 dated 5-12-05; TWCC – 73 dated 5-19-05; TWCC – 73 dated 03-20-06; Report of Medical evaluation from Churchill Evaluation Centers dated 02-08-06; Letter from patient stating benefits of the Rsi4 (translated); Patient usage report from RxS Medical dated 03-19-06 to 03-31-06, from 04-01-06 to 04-29-06, from 05-21-06 to 05-31-06, from 06-01-06 to 06-20-06.

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 agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that 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 were provided including: a provider summary of the patient's response to three months of therapy with the unit, 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. The patient has had a good response with facet injections and Radio frequency Lesioning of Medial Branch performed by Dr. Sickler with significant reduction of pain.

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 spasm, prevent or retard disuse atrophy, and re-educate muscle. If the patient presented with a facet joint pathology, this would not certainly 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 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 certainly 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 at best. 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) Albright, et al (including Philadelphia and Ottawa Panel Members). Philadelphia Panel Evidence-Based Clinical Practice Guideline on Selected Rehabilitation Interventions for Neck Pain. *Physical Therapy*. 81(10). Oct. 2001.
- (2) American College of Occupational and Environmental Medicine Guidelines 2004.43-54.
- (3) Minder, et al. Interferential Therapy: Lack of Effect Upon Experimentally induced delayed onset muscle soreness. *Clin Physiol Imaging*. 22(5): 339-47. Sep. 01, 2002 .

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 6th day of September, 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli