

# ZRC MEDICAL RESOLUTIONS

December 27, 2006

Re: MDR #: M2 07 0393 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: TPCIGA**

**REQUESTOR: RS Medical**

**TREATING DOCTOR: Robert Sickler, MD**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC 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 president of ZRC Medical Resolutions, 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 physical medicine rehabilitation and pain medicine and is currently listed on the DWC Approved Doctor List.

P.O. Box 855  
Sulphur Springs, TX 75483  
903.488.2329 \* 903.642.0064 (fax)

We are simultaneously forwarding copies of this report to all parties to the dispute and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, 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 December 27, 2006.

Sincerely,



Jeff Cunningham, DC  
President



**REVIEWER'S REPORT  
M2 07 0393 01**

MEDICAL INFORMATION REVIEWED:

Records from the following physicians were reviewed: Dr. Keyes, Dr. Grossman, Dr. Ponder, Dr. Sickler, Dr. Parker, and Dr. Levinthal, as well as notes from Work Well and Work Recovery, Inc.

BRIEF CLINICAL HISTORY:

The patient apparently sustained a work-related back strain-type injury on \_\_\_ and has been placed on long-term disability. He has had various therapeutic interventions including physical therapy, occupational therapy, lumbar facet blocks, and lumbar epidural steroid injections. His myelogram on 01/04/98 showed bulging discs at L4/L5 and L5/S1. Two MRI scans reportedly showed no herniated discs. His most recent examination of 11/07/06 found him to have degenerative spondylosis but no other objective abnormalities, according to Dr. Grossman.

DISPUTED SERVICES:

Interferential stimulator.

DECISION:

I AGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

Interferential stimulation is considered investigational. Although it is different than a TENS unit in how the current is delivered and the expected results, it is still investigational. Also, in those cases where it has been anecdotally found to be beneficial has, in my experience and in the literature I have reviewed, been more for a muscular condition as opposed to a degenerative bony condition. In this case, his primary problem is that of a degenerative spondylosis as opposed to a strain/sprain type injury.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

Blue Cross/Blue Shield considers interferential stimulation to be investigational.