

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 26, 2002

**Re: IRO Case # M2-02-0768-01 (Corrected)**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Anesthesiology with an added qualification in Pain management. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The \_\_\_ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is not medically necessary. Therefore, \_\_\_ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a 48-year-old male who injured his ring finger in \_\_\_. Multiple surgeries were performed. He now has a diagnosis of RSD. He has been treated with E-stim, including more than 150 sessions over the last year. Temporary improvement has occurred. Overwhelming psychological issues are present.

Requested Service

Purchase of Rhodes Stimulator interferential current therapy device.

Decision

I agree with the carrier's decision to deny the requested device.

Rationale

The Dynatron STS Rhodes Stimulator Sympathetic Therapy Device is an E-stim unit, and nothing more than that. Daily treatments for months are not reasonable or necessary. A trial of E-stim for home use would accomplish the same goals. Rather, the almost daily treatments were counterproductive in this chronic pain patient who has a huge psychological component. Based on the records presented for review, I agree with the assessment of the designated doctor who examined the patient on 3/8/02. The patient may have become too dependent on his physician's staff, rather than encouraged to assume ownership of his pain and independently manage his pain.

A one-month rental for home use only might be considered. If there is clear documentation of efficacy by a reduction of VAS of 3 or more, then further rental for home use might be reasonable and necessary. Only after continued evidence of efficacy is submitted should purchase be considered.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:  
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,  
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

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