

September 18, 2002

REVISED CORRESPONDENCE

Re: Medical Case Review
IRO Case Number: M2-02-0981-01
IRO Certificate No.: IRO 5055

Dear

Please note that the previous correspondence that you received from us on the above-named injured worker was incorrect and we have made the corrections as applicable. I apologize for any inconvenience this may have caused you.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Physical Medicine, Rehabilitation and Electro Diagnostic Medicine.

The physician reviewer AGREES with the determination of the insurance carrier. The reviewer is of the opinion that the RS4, Sequential Stimulators is not medically necessary.

I am the Secretary and General Counsel of ___ 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 any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ 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 this 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 **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3). This Decision is deemed received by you **five (5)** 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 Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 September 18, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for ___, ___. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0981-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Two articles presented on the use of sequential stimulators, the RS4i stimulator, the technical data, article entitled "Electrical Muscle Stimulation as an Adjunct to Exercise Therapy for Non-Acute Low Back Pain" and another article

entitled, "Electrical Muscle Stimulation for Neck and Low Back Pain."

2. A note by a ___ consultant, dated 3/14/02, reporting injection of the sacroiliac joint.
3. A letter by ___, dated 1/22/02.

B. BRIEF CLINICAL HISTORY:

I cannot find a brief clinical history in the chart. Perhaps the history that I can use is the one clinical note which is included. It does not exactly give the history but it is from the clinic, dated 3/14/02. There is no diagnosis given. The assessment is lumbar injury with residual S-1 joint dysfunction. In reading the note from the carrier, apparently the diagnosis is displacement of lumbar intervertebral disk without myelopathy. This is from a letter dated June 10, 2002, from ___. I really cannot find any other history or diagnosis in the chart.

C. DISPUTED SERVICES:

The disputed service apparently is the four-channel combination muscle stimulator with interferential unit, purchase of an RS4 sequential stimulator.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

Based on the very minimal amount of medical data presented here, apparently the diagnosis is a herniated nucleus pulposus in this gentleman, occurring on ___, which is more than one year ago.

He has been treated for sacroiliac dysfunction and has had a very temporary response to this, according to the March 14, 2002, note.

The two articles really do not give a basis for treating a herniated nucleus pulposus with electrotherapy or with self-stimulation. The electrical muscle stimulation article does not give the diagnosis of the patient, but it does list, under patient recruitment, the rather large drop-out rate in both groups. This is a study of symptomatic therapy, but without a diagnosis, it is a rather meaningless compilation of data, at least in my opinion.

The electrical muscle stimulation data again states that it is used for mechanical neck and back pain such as those due to disk degeneration, spondylosis, and isolated vertebral compression fractures. Patients were medically stable and candidates for non-operative treatment.

Again, I cannot relate these two articles to the patient in question because of the paucity of data and the fact that the only diagnosis given is a herniated nucleus pulposus. The treatment being rendered does not seem to be appropriate for a herniated nucleus pulposus, i.e., a sacroiliac joint injection is somewhat of a stretch for treating a herniated nucleus pulposus. On the medical description for the RS4 medical prescription is the diagnosis of lumbar strain. Thus, we have at least three diagnoses and two articles which do not specify the diagnoses for which the treatment is effective.

It is this somewhat disconnected data which leads me to make the determination that the stimulator is not indicated, or at least that there is no indication for the use of the stimulator by the diagnosis, the history, the treatment, or by any medical data that would make it reasonably effective in this patient. Again, in short, it is the paucity of data, three different diagnoses, and irrelevant articles which lead me to agree with the determination of the insurance carrier in this case.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 16 September 2002