

November 4, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-0036-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD with a specialty and board certification in Physical Medicine and Rehabilitation. The ___ 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 ___ 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

___ is a forty-one-year-old female diagnosed in ___ with Carpal Tunnel Syndrome (CTS) and myofascial pain with marginally abnormal EMG/NCS of right CTS, normal NCS studies treated with cortisone injection by ___. ___ changed her treating doctor to ___ who referred her to ___. He treated her with aggressive myofascial releases and trigger point injections. A consult was obtained with ___, who noted neck pain and fullness in her jaw and recommended a psychiatric evaluation. She was also kept on pain medications, anti-inflammatories and muscle relaxers. She was evaluated by ___ on 2/6/96, who diagnosed myofibrositis, psychological factors affecting chronic pain adjustment reaction. She had been taking Paxil, Trazodone, Zoloft, Xanax and Zantac. She received a left brachial plexus block by ___ with only one day's relief of pain. ___ reported pain relief with ___ treatments which included electrical stimulation. She had a Botox injection in May '96 by ___ with transient improvement. ___ requested ___, evaluate for TMJ dysfunction. ___, on 11/6/96, opined that the TMJ and tooth loss were not work-related. She received more TPI's by ___ on 11/25/96. She received an auxiliary

nerve block by ___ 12/96 with some relief. ___ was allowed to return to work 3/6/97, but had to be taken off work 3/25/97. She obtained an MRI of the lumbar spine 4/97, which identified disc bulges and degenerative changes. ___ treated her with stellate ganglion block 5/16/97 with no significant relief. Her care as transferred to ___ when ___ stopped seeing Worker's Compensation patients. She continued to see ___. She was referred to ___ who did TMJ surgery 8/99. She continued to see ___ for depression and anxiety. He recommended she see ___, a rheumatologist, for fibromyalgia. The pain in her neck, shoulders, arm, and hands continued. She had four surgeries for TMJ symptoms, including jaw implants 12/2000. Her symptoms have continued until the present time, even being off work, on multiple medications, and under the care of ___. She reports some pain relief with the interferential stimulator that was prescribed to her about 5-6 years ago. When the unit quit working, a request was made in April '02 for a new unit. The request was denied. From the documents provided, it appears that the reason for denial was the lack of peer to peer contact when the request was made.

REQUESTED SERVICE

The service requested is rental of an interferential stimulator.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The ___ reviewer finds that ___ should be allowed to have a replacement for the non-functioning unit she was provided 5-6 years ago. She should not have to rent a unit temporarily. She should also have a supply of the appropriate electrodes and batteries. Although the use of interferential stimulators is not believed by all practitioners to be helpful controlling symptoms of pain, ___ has been a user of a unit for many years. She was considered an appropriate long-term candidate for an interferential pain unit before, and she continues to be one now. From the records provided, this is one of the few treatments that have reportedly helped her. With the use of multiple medications and gastric sensitivity to NSAIDS, she becomes an even more appropriate candidate for this device that assists in controlling pain and decreases the use of medications.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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, per TWCC rule 133.308(t)(2).
