

January 10, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-0391-01  
IRO Certificate No.: 5055

Dear:

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 below, 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 who is Board Certified in Chiropractic Medicine.

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 simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

Clinical History:

This 42-year-old female claimant suffered a work-related injury on \_\_\_, resulting in low back pain and pain radiating down both legs. An MRI on 01/24/02 revealed a 2.0 mm posterior central disc protrusion at L5-S1, with the disc material contacting the anterior surface of the thecal sac, and disc desiccation at the L5-S1 level. CT imaging on 01/29/02 is unremarkable with regard to the patient's present complaints. Neurodiagnostic studies on 03/07/02 are unremarkable.

The patient has completed a course of conservative management that has included physical therapy, manual modalities, passive applications and steroid injections.

Disputed Services:

Application of BMRI NT2000 neuromuscular electrical stimulator.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatment in question is not medically necessary in this case.

Rationale for Decision:

The patient seems to have been progressed through a full course of conservative management. A return to passive applications is not appropriate. Documentation of the usage pattern, treatment plan with neuromuscular stimulator, and baseline pain indices with and without the neuromuscular stimulator therapies were not made available by the provider. Application of the neuromuscular stimulator without a trial of therapy is unwarranted. If the stimulator was an intricate portion of the patient's home rehabilitation protocols, it is not reflected in any of the records provided.

This opinion was based, in part, on information drawn from the publication *Implementation of Outcome Assessment Case Management in the Clinical Practice Guidelines*, published in 2001 by the Washington State Chiropractic Association.

## **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 January 10, 2003.

Sincerely,