

October 17, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-0439-01  
IRO Certificate No.: 5055

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 who is Board Certified in Pain Management.

**Clinical History:**

The medical documentation provided for review does not explain the claimant's injury that he sustained on \_\_\_. Apparently, he sustained a left inguinal hernia for which he underwent surgical repair. He also apparently complained of lumbar pain radiating into the lower extremity. He had an MRI of the right knee on 02/11/92, and MRI of the cervical spine on 09/12/91. No MRI appears to have been performed of the lumbar spine. The patient also has an EMG of both lower extremities on 05/22/92 that was entirely normal. He had arthroscopic surgery of the right knee on 03/12/92.

On 07/08/02 and 09/02/02, the patient was complaining of lumbar pain radiating into the left lower extremity. On both of those visits, the physician notes that he was going to order a lumbar MRI, but there is no documentation provided indicating whether this MRI was ever performed.

**Disputed Services:**

Orthotrac Pneumatic Vest.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the pneumatic vest is not medically necessary in this case.

**Rationale:**

There is no objective evidence of this claimant's having sustained any damage, injury, or harm to his lumbar spine as a result of the \_\_\_ event. There is no documentation of an MRI study being performed. Initial evaluation of the claimant's injuries back in the early 1990's seemed to focus on his right knee and cervical spine and, in fact, he did have surgery on the right knee in 1992.

There is no valid medical evidence of this claimant's having a condition for which such a DME device would be considered. Moreover, there is no peer-reviewed scientific study demonstrating long-term efficacy of this device for non-specific lumbar pain, such as is the diagnosis here. No other treatment options appear to have been explored regarding the claimant's lumbar or left leg complaints, further making consideration of a pneumatic vest an inappropriate one.

Therefore, based on the documentation provided for review, there is no medical reason, necessity, or relationship for the use of a pneumatic vest for the claimant's injury of \_\_\_.

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 care 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.

### **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 October 17, 2003

Sincerely,