

## NOTICE OF INDEPENDENT REVIEW DECISION

March 28, 2003

RE: MDR Tracking #: M2-03-0441-01  
IRO Certificate #: IRO4326

The \_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in physical medicine and rehabilitation which is the same specialty as the treating physician. The \_\_\_ physician reviewer has signed a certification statement stating 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 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 this case.

### Clinical History

This patient sustained a work-related injury on \_\_\_ when she injured her lower back. The patient underwent surgical decompression of the lumbar spine. The patient was then treated with outpatient physical medicine, upper and lower extremity strengthening, trunk conditioning, and progressive endurance training. The patient is now post revision surgery of the lower lumbar spine. The treating physician has recommended that the patient purchase a neuromuscular electrical stimulator for ongoing management of back pain for both acute pain related to the surgery and chronic lower pain secondary to nerve root injury.

### Requested Service(s)

Neuromuscular electrical stimulator

### Decision

It is determined that the neuromuscular electrical stimulator is not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

Neuromuscular stimulators are useful in some post-operative patients for relaxation of muscle spasms, prevention of muscle atrophy, muscle re-education, increased local blood circulation, and necessary range of motion. However, these devices are useful in time-limited application. For further long-term pain reduction, a TENS unit would be more appropriate treatment. If pain symptoms persist, a trial of a TENS unit for possible rental/purchase would be appropriate. Therefore, the neuromuscular electrical stimulator is not medically necessary to treat this patient's condition.

This decision by the IRO is deemed to be a TWCC 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** (10) days of your receipt of this decision (20 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), 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 this 28 <sup>th</sup> day of March 2003.
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