

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 20, 2003

RE: MDR Tracking #: M2-03-1097-01
IRO Certificate #: 5242

___ 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 an orthopedic surgeon physician reviewer who is board certified in orthopedic surgery. The orthopedic surgeon 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

The claimant reportedly sustained a work compensable injury to the lumbar spine on ___ and now has chronic low back pain. The claimant underwent a medial branch block on 01/13/03 and has received prior facet joint injections. There is history of use of muscle stimulation unit and anecdotal reports of pain relief.

Requested Service(s)

Purchase of RS 4i sequential stimulator.

Decision

I agree with the insurance carrier that the requested DME is not medically necessary.

Rationale/Basis for Decision

In general, long term use of stimulators is appropriate when there has been at least a two month trial to determine effectiveness and significantly increasing range of motion, decreasing use of pain medications, increasing activities, and a decrease in need for use of medical services. If the stimulator is effective, there should be a decrease in the number of physical therapy services and other interventional modalities. Furthermore, any reduction in pain following other interventions such as medial branch block and facet joint injections will be attributed to these procedures and not the use of a stimulator. Following a review of the provided medical records, there is no objective documentation of a clinical trial indicating significant increases in range of motion, significant decreases of use of pain medication, or significant increases in functional activities. Anecdotal reports by the claimant and non-specific promotional product information provided by the manufacturer do not meet the standards for determining the medical necessity of purchase of a sequential stimulator in this clinical setting.

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** (ten) 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)).

This decision by the IRO is deemed to be a TWCC decision and order.