THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-4356.M2

July 3, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-1246-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is a board certified anesthesiologist. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on ___. The patient reported that while at work a child was holding her hand. The child jerked her down. The patient underwent X-Rays, MRI and CT scan. The diagnoses for this patient included post laminectomy syndrome, myalgia and myositis, brachial neuritis and pain/spasms. The patient has been treated with oral medications, physical therapy, aquatic therapy, C6-7 surgery in October of 1999, and epidural steroid injections.

Requested Services

Purchase of an RS4i Sequential Stimulator.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 53 year-old female who sustained a work related injury to her neck and both arms on ___. The ___ physician reviewer also noted

that the patient underwent X-Rays, cervical MRI, CT scan and nerve conduction studies. The ___ physician reviewer further noted that this patient was initially treated with medications, physical therapy and aquatic therapy and subsequently underwent a cervical fusion at the C4-C7 level. The ___ physician reviewer indicated that this patient continued to complain of neck pain post surgery and was treated with epidural steroid injection therapy. The ___ physician reviewer also indicated that this patient continued to require medication for pain control. The ___ physician reviewer noted that this patient's pain management specialist started her on a trial period of using the RS4i muscle stimulator for neck pain relief. The ___ physician reviewer explained that the documentation provided did not demonstrate medical necessity for the requested RS4i stimulator. The ___ physician reviewer indicated that this patient was evaluated and documented to have no neurovascular abnormalities on exam and it was indicated that her fusion was stable. The ___ physician reviewer also indicated that this patient has undergone a C6-7 transforaminal nerve block in 4/03 by her pain management specialist. The ___ physician reviewer explained that this patient continued to complain of neck pain and muscle spasms requiring neurontin, skelaxin and elavil for pain control. The ___ physician reviewer also explained that there is no documented improvement in this patient's clinical condition with the use of the stimulator. The ___ physician reviewer indicated that the patient continues to require pain medications with the use of the stimulator. The ___ physician reviewer explained that there is no data provided to support benefit from long-term, extended or permanent use of the muscle stimulator. Therefore, the ___ physician consultant concluded that the requested purchase of an RS4i sequential stimulator is not medically necessary to treat this patient's condition at this time.

This decision 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 (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 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. (Commission Rule 133.308(t)(2)).

Sincerely,

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 3rd day of July 2003.