

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 11, 2003

RE: MDR Tracking #: M2-03-1265-01

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 Occupational Medicine physician reviewer who is board certified in Occupational Medicine. The Occupational Medicine 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

Medical records from ___, indicate that the claimant is a 36-year-old man who sustained a work-related back injury on ___. He has been managed conservatively. An MRI of the lumbar spine is reported to have shown a herniated disc at L5/S1. The patient has been using Celebrex and Zanaflex for symptomatic relief.

Requested Service(s)

Purchase of an RS 4 inferential and muscle stimulator.

Decision

I agree with the insurance company that the purchase of an RS 4 inferential and muscle stimulator is not medically necessary.

Rationale/Basis for Decision

The patient has a diagnosis of chronic back pain and a lumbar disc herniation at L5/S1. There is insufficient medical evidence to conclude that such treatment is beneficial in the management of this problem.

A MEDLINE review, on this date, has failed to retrieve any literature, using large, randomized, double-blinded studies showing long term benefit from the use of these types of stimulators. Recent evidence-based clinical practice guidelines were developed using rigorous methods in collaboration with an expert panel studying selected rehabilitation interventions for the management of low back pain. There was an absence or insufficient data available to demonstrate benefit from the use of electrical stimulation [Ref: Philadelphia Panel Evidence-Based Clinical Practice Guidelines on selected rehabilitation interventions for low back pain. Physical Therapy: 81, 1641-1674 (Oct 2001)].

Additionally, it would appear that this medical device was approved by the FDA under the 510(k) rule, which means that it is substantially similar to devices currently on the market and felt to be safe. This means that no clinical trials proving efficacy needed to be submitted for approval and that the manufacturer's claims are the sole 'proof' of efficacy."

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.