

MDR Tracking Number: M2-03-1410-01  
IRO Certificate# 5259

August 5, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

#### CLINICAL HISTORY

\_\_\_ fell 24 feet from a scaffold on \_\_\_\_. He sustained an injury to his lower back and fractured his left elbow in the fall. He has an L4-L5 posterior 2-3mm herniation pressing against the anterior thecal sac. L5-S1 broad posterior 2 mm annular disc bulge, which were noted on a 11/1/02 MRI.

#### REQUESTED SERVICE (S)

Purchase of an Interferential Muscle Stimulator

#### DECISION

Yes, purchase is warranted.

#### RATIONALE/BASIS FOR DECISION

\_\_\_ continues to state that he is having pain in his lower back. He has received transforaminal injections on the dates 12/17/02, 1/21/03, and 5/27/03. According to the report sent there is an assessment from 3/31/03 through 4/25/03 in which an RS-4i stimulator was used by \_\_\_ on his lower back. He reported decreased muscle spasm, increased movement, improved sleep, decreased use of pain medication and stated that the unit helped to control the pain. Interferential current, when used in a 90-100 Hz range, has an analgesic effect and can be used to control muscle spasms.

Texas labor code states an injured worker is entitled to all health care reasonable required by the nature of the injury as and when needed; specifically if it relieves the effects resulting from the injury. This most certainly is the case based on the reports provided to me.

#### 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) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 7<sup>th</sup> day of July 2003.