

## NOTICE OF INDEPENDENT REVIEW DECISION

November 10, 2003

RE: MDR Tracking #: M2-03-1426-01  
IRO Certificate #: IRO4326

\_\_\_ 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_'s health care professional 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 injured her lower back on \_\_\_ while lifting boxes of books. A lumbar MRI dated 01/02/00 revealed an annular bulge at L4-5. She also had electrodiagnostic testing and discogram which were negative. She has undergone chiropractic treatment, physical therapy, and a rhizotomy. She is using the interferential and muscle stimulator unit on a trial basis with reported improvement.

### Requested Service(s)

Purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit

### Decision

It is determined that the proposed purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit is not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

A review of the documentation does not substantiate the need for the issuance of this device for a long-term or permanent basis. Specifically, the records indicate that the patient is about to undergo additional surgical intervention that could principally alter the need for this passive device. Moreover, the records indicate that the patient's use of the device has been somewhat sporadic. For example, one month the device was not used nine out of 30 days of the month. This would seem to indicate that the patient has not truly relied on this device for the relief of chronic pain. Lastly, there is no known no peer-reviewed literature that supports the permanent use of this particular device given the mechanism of injury and the low complexity of the case and objective findings. Rather, the long-term use of passive devices such as these tends to foster chronicity and a dependence on provider driven care. Therefore, it is determined that the proposed purchase of

an RS4i sequential 4-channel combination interferential and muscle stimulator unit is not medically necessary.

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** (ten) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

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 10 <sup>th</sup> day of November 2003.
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