

August 5, 2003

Re: MDR #: M2-03-1429-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

**Clinical History:**

This 31-year-old male claimant suffered a work-related injury on \_\_\_\_. The next day, he reports low back and left rib pain. The pain was in a U-shape from his low back to his ribs whenever he bent to install a phone jack. The pain became progressive for the next two weeks, resulting in his seeking medical attention three weeks later.

The patient has seen multiple physicians and has undergone multiple testing. The records provided for review show negative results in terms of bony abnormalities, pulmonary function tests, MRI of the lumbar spine, and MRI of the thoracic spine. The patient received multiple injections, multiple medications, and physical therapy with limited success.

The patient was referred to a Pain Management Specialists who started him on an RS neuromuscular stimulator. The medical record reflects inconsistencies among the reports from the chiropractor, the pain management specialist and the physical therapist. According to one physician, no relief during the period of treatment when the interferential and electrical stimulator was utilized. A second physician relates a significant decrease in the patient's reported pain. Additional documentation suggesting no change in the patient's condition when utilizing the interferential stimulator is contained in Workers' Compensation patient progress reports.

**Disputed Services:**

Purchase of an RS4i neuromuscular stimulator.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the neuromuscular stimulator is not medically necessary in this case.

**Rationale:**

The inconsistent reports of results of the use of the neuromuscular stimulator suggest that the RS4i sequential stimulator is not providing significant pain relief to this patient. *The Use of Electrical Muscular Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non-Acute Low Back Pain: A Randomized Trial*, by \_\_\_\_, et al., provides

data for short-duration limited trial, as well as a most significant dropout rate (greater than 50%) during the study interval.

This decision is based solely upon the reasonable and necessary medical health care required to treat the injury, and medically accepted Utilization Review criteria based on the medical standards of care and the usual and customary treatments and services for the medical condition.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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.

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 August 5, 2003.

Sincerely,