

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 4, 2003

RE: MDR Tracking #: M2-03-1446-01
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 Orthopedic Surgeon reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon 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

Claimant has a history of chronic back pain following an alleged work compensable injury on or about _____. Claimant describes a lifting injury while attempting to take a door off a machine which weighed approximately 40 pounds. Claimant picked up the door and twisted and put the door down and felt a sharp pain in the lower back. Claimant has been managed by chiropractic manipulation, oral medications, and epidural cortisone injections. An MRI report dated 10/17/02 indicates diffuse, degenerative disc disease of the lumbar spine.

Requested Service(s)

Purchase of an RS4i Sequential Stimulator.

Decision

I agree with the insurance carrier that the requested durable medical equipment is not medically necessary.

Rationale/Basis for Decision

Generally, long-term use of stimulators is appropriate when there has been at least a two-month trial to determine the effectiveness and significantly increasing range of motion, decreasing the use of pain medication, and increasing functional capacity. Generally, prior to initiating the use

of the stimulator, the physician should document current range of motion, the use of pain medication, and current functional capacity. Prior to any extension of the use, these objective factors should be measured again. Improvement from interventional therapies, such as epidural steroid injections and spinal manipulation, will be attributable to those interventional treatments and not to the stimulator. Final review of all documentation provided, there is no documentation of a clinical trial indicating any significant improvement in objective parameters solely due to the use of the stimulator. Generally, stimulators are used in an acute pain setting and usually for no longer than 4-6 weeks. Their use is controversial and some controlled studies indicate no significant benefit from the use of stimulators when compared to conventional treatment modalities.

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.