

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-0037.M2

August 5, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-1448-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___' IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury ___. The patient reported that while at work she was lifting some boxes when she injured her back. The patient has undergone several X-Rays of her lower spine, a lumbar CT scan on 4/25/03, MRI of the lumbar spine 6/1/01, EMG/NCV 5/24/01, chest X-Ray on 3/26/02 and muscle test/range of motion on 6/5/01. The patient has been treated with a spine surgery on 8/2/01, nerve blocks on 8/2/01 and 5/21/03, lumbar caudal injection 8/2/01, lumbar spine fusion 4/1/02 and tendon/ligament injection on 8/2/01, 9/18/01m 2/26/02, 3/19/02 and 5/21/03. The patient has also been treated with oral pain medications and physical therapy. The diagnosis for this patient is lumbar radiculitis.

Requested Services

Purchase of an RS4i sequential stimulator 4 channel combination interferential muscle stimulator.

Decision

The Carrier's denial of authorization for the requested services is partially overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a female who sustained a work related injury to her back on ____. The ___ chiropractor reviewer also noted that the patient has undergone several X-Rays of her lower spine, CT scan on 4/25/03, and an MRI on 6/1/01. The ___ chiropractor reviewer further noted that the patient has undergone an EMG/NCV on 5/24/01 and muscle test/range of motion 6/5/01. The ___ chiropractor reviewer indicated that the patient underwent spine surgery on 8/2/01 and nerve blocks on 8/2/01 and 5/21/03, lumbar caudal injection on 8/2/01, lumbar spine fusion on 4/1/02 and tendon/ligament injection on 8/2/01, 9/18/01, 2/26/02, 3/19/02 and 5/21/03. The ___ chiropractor reviewer also indicated that the current diagnosis for this patient is lumbar radiculitis. The ___ chiropractor reviewer explained that a trial period of treatment with the interferential stimulator would be necessary to determine if it would be helpful for this patient. The ___ chiropractor reviewer also explained that if the unit is helpful, then the unit should be purchased for the treatment of this patient's condition. Therefore, the ___ chiropractic consultant concluded that if after a trial rental period of treatment with a rented interferential stimulator the patient reports the unit is helpful, a purchase of the interferential muscle stimulator would be medically necessary to treat this patient's condition at this time.

This decision 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)** 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 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. (Commission Rule 133.308(t)(2)).

Sincerely,

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 5th day of August 2003.