

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** August 4, 2003

**RE: MDR Tracking #:** M2-03-1452-01  
**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, allegedly related to a work compensable injury to the lower back that occurred while driving a bus. Condition is generally described as chronic pain with muscle spasm. There is no significant, neurologic abnormality or progressive, clinical condition as such.

### **Requested Service(s)**

Purchase of an RS4i Sequential Stimulator Four Channel Combination Interferential and Muscle Stimulator unit.

### **Decision**

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

### **Rationale/Basis for Decision**

Long-term use of stimulators is appropriate when there has been at least a two-month trial to determine effectiveness and significantly increasing range of motion. Decrease in the use of pain medication, increasing functional activities, and decreasing the need for other use of medical services. If the stimulator is effective, there should be a decrease in the number of physical therapy services and other interventional modalities. Furthermore, there should be an explanation as to why long-term use is needed. There is no documentation of a clinical trial. There is no documentation, objective measurements of range of motion, use of pain medication, or functional capacity measurements to accurately determine whether long-term use of a stimulator is appropriate. Generally, muscle stimulators are used in an acute pain setting and for no longer than four to six weeks.

## 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.