

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 22, 2003

RE: MDR Tracking # M2-03-1512-01
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 physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician 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

The claimant underwent explant of C4 to C7 instrumentation with exploration of fusion and re-do C6/7 anterior discectomy and fusion with instrumentation on 6/28/02 allegedly due to a compensable work injury on ___. The claimant has a history of chronic neck pain and radiculitis.

Requested Service(s)

Purchase of interferential muscle stimulator.

Decision

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

Rationale/Basis for Decision

Clinical trial of a muscle stimulator is appropriate after failure of 4-6 weeks of conservative management to achieve a progressive decrease in symptomatology. As a rule they will not be effective for severe pain. Prior to initiating the use of the stimulator, the physician should document current range of motion, the current use of pain medication and current functional capacity. Prior to any extension of the use, these objective factors should be measured again after 2 months of use. Improvement from interventional therapies such as epidural steroid injections performed during the trial will be attributable to those interventional treatments and not to the stimulator. Long term use of stimulators is appropriate when there has been at least a 2 month trial to determine effectiveness in significantly increasing range of motion, decreasing use of pain medications, and increasing functional capacity. Furthermore there should be an explanation as to why long term use is needed. Most pain syndromes diminish over 3-4 months and

long term use is neither cost effective nor necessary. Upon review of all documentation provided there is no documentation of a clinical trial or objective documentation of improvement in range of motion, decreased use of pain medication, and increase in functional capacity before and after use of the stimulator. There is documentation of other interventional therapies that have been used concurrently with the stimulator and the claimant's improvement can be attributable to these other interventional treatments. Finally, there is a statement by the requesting physician that the stimulator can "enhance the healing process". There is no scientific evidence in peer reviewed literature to support the idea that an electrical stimulator has any effect on the healing process per se.

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.