

October 15, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-1629-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ 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 physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in anesthesiology. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician 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 ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 34 year-old male who sustained a work related injury on ___. At that time an MRI showed herniated disc at the L5-S1 level. The patient was initially treated with conservative treatment. The patient reported an exacerbation of this injury on December of 2002. The patient underwent an MRI on 12/12/02 that showed a disc bulge at the L4-L5 level. The diagnoses for this patient have included low back pain and muscle spasms. The patient has been treated with physical therapy, oral medications, epidural steroid injections and a muscle stimulator.

Requested Services

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

Decision

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

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 34 year-old male who sustained a work related injury to his low back on ___. The ___ physician reviewer also noted that an MRI at the time of the initial injury demonstrated a herniated disc at the L5-S1 level. The ___ physician reviewer further noted that the treatment for this patient's condition included medication and physical therapy. The ___ physician reviewer indicated that the patient has subsequently continued use of oral pain medications and has used a TENS unit without complete relief of his low back pain. The ___ physician reviewer noted that a repeat MRI of the lumbar spine obtained in 12/02 demonstrated a continued disc herniation at the L5-S1 with mass effect upon the descending left S1 nerve root. The ___ physician reviewer indicated that the patient was evaluated for a possible surgical procedure in 2002, however epidural steroid injections was recommended prior to consideration for surgery. The ___ physician reviewer noted that the patient

underwent the steroid injection in 2/03. However, the ___ physician reviewer also noted that the patient continued to complain of low back pain with significant spasm despite medical therapy with Skelaxin, Bextra, Hydrocodone 6/day, and Propoxyphene. The ___ physician reviewer explained that the patient's pain management specialist recommended a trial of therapy with the muscle interferential stimulator. The ___ physician reviewer noted that the patient reported an improvement with the device in regards to decreased pain and spasm. However, the ___ physician reviewer explained that the patient was recommended for surgery if the epidural steroid injections failed. The ___ physician reviewer also explained that the treating pain management specialist was in agreement with surgery if the epidural injections failed. The ___ physician reviewer further explained that there are no peer reviewed studies recommending long term use of a muscle stimulator for the treatment of chronic low back pain of discogenic origin. Therefore, the ___ physician consultant concluded that the purchase of an RS43i sequential stimulator 4 channel combination interferential & muscle stimulator unit is not 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/Appeals Clerk
P.O. Box 17787
Austin, TX 78744
Fax: 512-804-4011

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 15th day of October 2003.