

September 11, 2003

Re: Medical Dispute Resolution
MDR # M2-03-1678-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

Clinical History:

This 54-year-old male claimant suffers from low back pain due to a work-related injury on ____. Specific notes regarding the initial injury and presentation, as well as objective findings, radiological testing, etc., are not available. Notes do indicate that he was deemed to be “not a good surgical candidate” and that he was being managed conservatively with pain medications and the muscle stimulator. Notes also indicate that the patient is reporting a decrease in his pain symptoms with the use of this unit, though some concern has been raised regarding the fact that he may not be using the unit as frequently as prescribed or recommended by the ordering physician.

Disputed Services:

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

Decision:

The reviewer disagrees with the determination of the insurance carrier. The purchase of an RS4i sequential 4 channel combination interferential & muscle stimulator unit is medically necessary in this case.

Rationale:

From review of the available records, there does not appear to be any doubt that this claimant has benefited from the use of this muscle stimulator unit. In fact, there appears to be a pattern of decreased usage over time which may actually indicate the success of this unit in treating this patient. It is very possible that with continued use, he has had an improvement in the muscular pain condition, thereby requiring less usage of the unit over time. Certainly, muscle pain conditions along the spine can be longstanding and are prone to flare-ups frequently and chronically. Therefore, I believe it is medically necessary for this claimant to have the use of this muscle stimulator as needed.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers

or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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.

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 September 11, 2003.

Sincerely,