

NOTICE OF INDEPENDENT REVIEW DECISION

Date: September 16, 2003

RE: MDR Tracking # M2-03-1681-01
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 and has an ADL Level 2. 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 has undergone a lumbar fusion, allegedly related to a compensable injury on ___. The claimant was released to return to work on 05/05/03. Requesting physician feels the use of a muscle stimulator will help maintain claimant's progress he has made with physical therapy allowing the claimant to "maintain his work status".

Requested Service(s)

Purchase of RS4I sequential stimulator for channel combination and a french muscle stimulator unit.

Decision

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

Rationale/Basis for Decision

Generally, prior to initiating the use of the stimulator the physician should document current range of motion, the current use of pain medication and current activities the injured worker is able to perform. Prior to any extension of the use, the objective factors should be measured again following a two month trial. Improvement from interventional therapy such as physical therapy performed during the trial will be attributable to those interventional treatments and not to the stimulator. Upon review of all clinical information sent for review there is no documentation of a clinical trial with objective measurement, range of motion, pain medications and functional status before and after the use of the stimulator. Furthermore, the claimant has undergone physical therapy and improvement from this intervention is attributable to the physical therapy and not to the stimulator. There is no clearly documented clinical rationale to indicate why a home exercise program would be any less effective in the use of a stimulator to maintain the progress the claimant has made with physical therapy or to maintain the claimant's work status.

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

YOUR 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) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.