

January 5, 2004

MDR #: M2-03-1755-01
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.

Information Provided for Review:

Correspondence
H&P and office notes.
Physical Therapy notes.
Impairment Evaluation.
Operative Report
Radiology Report

Brief Clinical History:

This 32-year-old male claimant suffered a work-related injury on ____. He subsequently had multiple cervical fusions at C4-5, C5-6 and C6-7, and a lumbar cage fusion. He now complains of neck and low back pain. His last back surgery was in May 2000. The date of his last cervical spine surgery is not documented. Cervical spine myelography and CAT scan showed reverse lordosis and mild anterior extradural defects at C4-5 and C5-6. The remainder of the report related to the post-myelogram CT was not provided for review. Physical examination by the treating doctor does not document the location of the pain, but simply states this as "neck pain" radiating into the back of the skull. The records indicate that the use of a stimulator in the past has resulted in only short-term relief.

Disputed Services:

Purchase of Interferential Muscle Stimulator.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a muscle stimulator is not medically necessary in this case.

Rationale:

The patient is ___ post injury, 3 ½ years since his last lumbar surgery, and presumably greater than 3 ½ years post cervical spine surgery. The results of his post-cervical surgery myelography and CT were not submitted for review. The location of the pain to be treated by the stimulator is not documented. The use of the stimulator in the past has resulted only in short-term relief. Literature suggests that this form of therapy is unlikely to be of any long-term benefit.

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, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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 January 5, 2004

Sincerely,