

December 8, 2003

Re: MDR #: M2-03-1796-01
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:

TWCC documents indicate that this male patient was injured on his job on ____. The records provided for review do not document the injury sustained on ____. Other than the physician's progress note of 02/28/03, documenting that pins and staples were removed from the patient's right wrist on 02/21/03, there is no mention of any other area that may have been directly injured. From 02/28/03 through 05/30/03, continuing complaints of headaches, back and neck pain, right wrist pain, as well as decreased vision in the left eye, are documented.

During the time that the patient was supposedly using the RS4 interferential stimulator, progress notes document continued, and even increased, prescribing of Xanax, Lortab, OxyContin, Wellbutrin, and Zanaflex. Also documented is ongoing, unchanged, and even increasing pain complaints during that time.

Disputed Services:

Purchase of RS4i sequential stimulator.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the RS4i neuromuscular interferential stimulator is not medically necessary in this case.

Rationale:

There is no peer-reviewed, scientific evidence of long-term efficacy of this device for any of this patient's clinical conditions. There is no medical reason, nor necessity, for purchase of a passive modality muscle stimulator that is neither providing any clinical benefit, as evidenced by ongoing and increased use of multiple pain medications, nor for which there is scientific evidence of efficacy.

Moreover, reliance on passive modality muscle stimulation is not of either equal or superior efficacy to an active exercise-based home program.

There is no medical reason or necessity for use of muscle stimulation in lieu of an active home exercise program, especially when the use of the device is clearly documented as providing no clinical benefit such as in this patient's case.

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 December 8, 2003

Sincerely,