

September 25, 2003

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TWCC Medical Dispute Resolution
MS-48
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Austin, TX 78744-1609

MDR Tracking #: M2-03-1814-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Physical Medicine and Rehabilitation. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a woman who while walking across a parking lot fell, landing on her right side, injuring her right wrist, right hip, lumbar spine and right knee. She failed to improve with conservative treatments and underwent surgery for ruptured disc at L5/S1 on 9/10/01 by ___. Post-op, she continued to have pain and underwent single level fusion on 3/25/02.

She required multiple medications to control her pain. Her right wrist and arm recovered, but she continued to have pain in the right knee. On 10/3/02 she was determined to be at MMI by ___, who gave her a 12% whole person impairment.

She participated in a pain management program. While in the pain management program, she underwent lumbar selective epidural block. Her surgeon felt that L3/4 had diminished disc space and suggested discography. ___ was hesitant, since prior initial discography was very traumatic. An IDET procedure was recommended on January of 2003. She

continued to require large amounts of medications to control the pain. She had sacroiliac joint injections on 3/24/03. A repeat lumbar MRI identified scar tissue surrounding the S1 nerve root on the right. Percutaneous adhesiolysis at right S1 was recommended. She underwent the lysis of adhesions of the right L1 on 7/28/03.

This patient was given the opportunity of using the RS-4i muscle interferential stimulator. Her treating doctor, ___ noted that she reported decreased pain, decreased muscle spasms and increased ability to move. He recommended use of the stimulator on a permanent basis. The carrier has denied medical necessity of this device. A note from ___ states that the Philadelphia Panel Physical Therapy Study did not find supporting evidence for modalities for chronic pain. A similar study was quoted by ___.

REQUESTED SERVICE

The purchase of an RS-4i interferential muscle stimulator is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

___ is now ___ years post-injury. She has undergone numerous invasive procedures and continues to have a great deal of pain. According to the information provided for review, the trial use of the RS-4i interferential muscle stimulator allowed her to increase movement and decrease pain. The ___ reviewer finds both studies for the ongoing use of the RS-4i stimulator and the studies against its use to be flawed, because the studies that are quoted by ___ and ___ do not specifically deal with an electrical stimulator similar to the RS-4i unit, and the study in favor of its use only refers to short-term use.

This patient's treating doctors did, however, provide clinical information that indicated that ___ responded to the RS-4i stimulator. The ___ reviewer finds that this device, in this case, is medically necessary.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to 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) 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.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 25th day of September 2003.