



Texas Medical Foundation

Barton Oaks Plaza Two, Suite 200 • 901 Mopac Expressway South • Austin, Texas 78746-5799
phone 512-329-6610 • fax 512-327-7159 • www.tmf.org

NOTICE OF INDEPENDENT REVIEW DECISION

December 22, 2003

Requestor

RS Medical
Attn: Joe Basham
P.O. Box 872650
Vancouver, WA 98687-2650

Respondent

Mid Century Insurance Company
Attn: Terry Iffeid
Fax #: 512-238-4762

RE: Injured Worker:
MDR Tracking #: M2-04-0453-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 a TMF physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The TMF 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 TMF 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

This patient sustained an injury on 01/___/01 while rolling a floor jack which had a front-end truck frame which came off the floor jack, causing his back to twist. He reported a popping sensation and low back pain radiating down the posterior aspect of both lower extremities. He underwent an anterior L4-5 discectomy with fusion and L3-4 and L4-5 laminectomy on 05/14/03. He has been slow to recover from his procedure and his surgeon is requesting indefinite use of the RS4i interferential and muscle stimulator unit.

Requested Service(s)

Purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit

Decision

It is determined that the proposed purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has a "chronic pain syndrome" dating back to the initial injury in 2001. He was conservatively treated until 02/20/02 when he underwent lumbar laminectomies at L3-4 and L4-5 with bilateral foraminotomies. He continued to have pain and underwent a laminectomy at L3-4 and L4-5 with L4-5 anterior fusion and posterior fusion. He continued to have pain and was treated with anti-inflammatory and pain medications. This last surgery was 05/14/03. Starting in May 2003, the patient was treated with the RS4i stimulator with the record showing some subjective improvement with the stimulator. However, the patient continued to require pain medications most of the time to relieve his painful symptoms. In August 2003, the patient noticed more of a reduction in pain and spasms, better mobility, and was sleeping better. It is difficult to discern if improvement in pain and sleep was due to the RS4i unit or the natural post operative improvement secondary to the surgery.

He was to start rehabilitation at the end of September 2003. There is no documentation of rehabilitation results, which might help justify the continued use of the stimulator. There is no documentation of pain medication reduction to objectively support the use of the unit. There is no medical literature to support chronic use of the RS4i stimulator. This unit has not been shown to be an accepted standard of care. Therefore, it is determined that the proposed purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, 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 all other parties involved in this dispute.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn

cc: Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 this 22nd day of December, 2003.

Signature of IRO Employee:

Printed Name of IRO Employee: