

January 5, 2004

Re: Medical Dispute Resolution
MDR #: M2-04-0528-01
TWCC#:
Injured Employee:
DOI:
IRO Certificate No.:

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

R.S. Medical
Attention: Joe Basham
Fax: (800) 929-1930

City of Arlington c/o ACE USA/ESIS
Attention: Javier Gonzalez
Fax: (512)394-1412

John Payne, D.O.
Fax: (817) 868-9500

Dear Mr. _____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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:

The claimant sustained a lumbar injury on _____. There were multiple evaluations by a myriad of physicians including orthopedic surgeons, chiropractors, pain specialists, and neurosurgeons. Therapies included chiropractic, physical therapy, lumbar epidural steroid injections, facet injections medial branch blocks, provocative discography which was apparently a suboptimal study, medical therapy, and various modalities including the RS4i muscle stimulator.

Disputed Services:

Proposed purchase of an interferential muscle stimulator.

Decision:

The reviewer AGREES with the determination of the insurance carrier and finds that the purchase of an interferential muscle stimulator is not medically necessary in this case.

Rationale:

There is very little evidence in the material reviewed to suggest substantial lumbar pathology exists to cause continued incapacitation that is presented herein. Initial evaluations indicated a diagnosis of lumbosacral strain/sprain with consideration for lumbar facet syndrome. The treating physician's assessment is rather noncommittal and indicates chronic low back pain with numbness of legs, etiology unclear, with a questionable sympathetic component, possible polyradiculopathy and possible instability with possible pain from pars defect or facet syndrome.

Extensive workup failed to define the likely cause of the continued pain and disability. Although the treating physician suggests that the RS4i stimulator has been somewhat beneficial in this case, he is rather nonspecific in his indications about reduction in the claimant's requirements for pain medication. Further, the records do not indicate any sort of rating as to how much the device has helped the claimant and whether or not the use of the device continues to benefit him. It is generally accepted that such devices do not provide substantial benefit in long-term use and generally do not successfully change the outcome of those cases. Without more definitive indication by evaluating physicians, there is no reason to expect that use of this device in this case would be of any more benefit than is usually accomplished and further widely substantiated by current practice.

I am the Secretary and General Counsel of Independent Review 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 Independent Review, Inc. 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,

Gilbert Prud'homme
Secretary & General Counsel

GP/rvh