

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-03-0020-01

September 30, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Notice of Independent Review Determination

CLINICAL HISTORY

Patient sustained a work related injury on ____. She was treated with medications, physical therapy, chiropractic care, and a muscle stimulator. Notation is made for possible injections and neurosurgery referral, but no documentation was enclosed. A prescription for a muscle stimulator was written on 5/8/03 for 2 months and on 7/11/03 for indefinite use.

REQUESTED SERVICE(S)

Purchase of an Interferential Muscle Stimulator.

DECISION

Uphold previous denial.

RATIONALE/BASIS FOR DECISION

The records provided reflect that the patient had appropriate conservative care after her injury on ____. Unfortunately, she did not respond adequately to the initial treatments, and, as noted in her muscle stimulator prescriptions, she had

become a chronic pain patient. The requested device is typically used for adjunctive therapy in an acute setting. There are no double-blinded, peer reviewed studies that show effectiveness for chronic pain situations. The standard of care and consensus in the medical community, which is consistent with the Philadelphia Panel Study and Medicare and Medicaid guidelines for these devices, is that this patient is not an appropriate candidate for this treatment for her chronic pain. Therefore, the prior denial is upheld.

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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 1st day of October 2003.