

October 15, 2003

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

MDR Tracking #: M2-04-0030-01
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 Orthopaedic Surgery. 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 50-year-old woman who has a history of several injuries to her back. She originally injured her back in ___, the details of which were not provided. She then re-injured her back in a slip and fall on ___ while working.

She was evaluated by ___, an orthopedic surgeon. She had an MRI and a CT myelogram in 1997 and 1998 and it was normal. Her x-rays were basically normal, except for some minor degenerative changes. She was then seen by ___, a physical medicine specialist from whom she received conservative treatment for her slip and fall injury.

She was felt to be at MMI on 10/23/00 and was given a 0% whole person impairment rating. She continued to have low back pain and continued to have pain in the neck. She continued to have subjective symptoms of pain, but her diagnostic studies were relatively normal for a 50-year-old person. She had normal EMG studies in the legs on 12/5/00 and she had basically a normal MRI of her lumbar spine except for some degenerative changes. There was no evidence of her having any type of nerve root compression or surgical condition in her neck or back.

She was then treated with injections and began seeing ___, a pain management specialist. She has continued over the last several months to be treated by ___ with various pain management

techniques. She has gone through a multiple disciplinary pain management program. She has had some epidural steroid injections and also has had trigger point injections, as well as nucleoplasty at L5/S1. She has had different physical therapy modalities and is on a host of different medications which include narcotic pain medications as well as non-steroidal anti-inflammatory medication. None of these have given her any real significant relief of pain. She has also been using an RS-4i sequential stimulator, a four-channel combination interferential and muscle stimulator unit. This unit has been used for at last two month and the treating physician has requested that the carrier purchase this unit for the patient.

REQUESTED SERVICE

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

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient has used this unit for several months, and there is no documented objective evidence that indicates any beneficial effects from the unit. She has no documented decrease of intake of pain medication and no documented increase in the range of motion in her spine. Likewise, there is no objective evidence submitted that signifies that the use of this unit has been responsible for this patient to be able to increase her physical capacity. The reviewer therefore does not find that it is necessary for the carrier to purchase this unit for this patient's treatment.

___ 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 15th day of October 2003.