

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0037-01

October 14, 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 ____, 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

This gentleman sustained a work related back injury from a fall from a scaffold on ____. He was evaluated by multiple physicians, plain radiographs, and an MRI scan. Treatment modalities included medications, physical therapy, traction, and a muscle stimulator. Epidural steroid injections, VAX-D, and surgery were discussed but there is no documentation that these treatments were pursued. A Required Medical Exam on 9/8/03 states this patient had reached MMI and should use analgesics and muscle relaxants on a PRN basis. Also noted was the patient was now at work functioning at his usual physical demand level. The reviewing physician, ____, recommends no further testing, physical therapy, or other treatments.

REQUESTED SERVICE(S)

Purchase of an Interferential Muscle Stimulator.

DECISION

Uphold previous denial.

RATIONALE/BASIS FOR DECISION

This patient sustained a work related back injury on____. He was thoroughly evaluated and exhaustively treated by multiple physicians. NO double-blinded, peer reviewed literature, supports the use of this type of device for patients with chronic pain. Generally accepted guidelines and standard of care dictate this device be used as an adjunctive therapy in the acute phase of treatment. This view is supported by the Philadelphia Panel Study, N.A.S.S. and CMS guidelines. Therefore, the prior decision to deny the purchase of this device 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 17th day of October 2003.