

October 21, 2003

Re: MDR #: M2-04-0043-01  
IRO Certificate No.: 5055

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

No clinical history is provided regarding the mechanism or situation surrounding this claimant's work-related event of \_\_\_\_. He began use of an RS Medical four-channel interferential stimulator on 05/20/03, using the stimulator through 07/30/03. A patient progress report is provided for the time period from 05/20/03 through 07/06/03, as well as form letters provided by RS Medical for the doctor to use in requesting the purchase of the interferential stimulator.

**Disputed Services:**

Purchase of an RS4i sequential stimulator, four-channel combination interferential and muscle stimulator unit.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the equipment in question is not medically necessary in this case.

**Rationale:**

There are no peer-reviewed scientific studies that demonstrate long-term efficacy of this device, nor any studies that demonstrate its equivalent or superior clinical value compared to active exercise. Specifically, in this case, the patient's progress report indicates a significant increase in the patient's pain and decrease in functioning from 05/20/03 through 07/06/03, covering approximately a six-week period of initial trial and use of this device.

All of the parameters measured on the patient's progress report worsened during this six-week period. Moreover, other than the form letters provided by the DME manufacturer to the doctor for his use, there are no valid medical progress notes demonstrating any efficacy in this claimant. There is no objective measure of improvement regarding medication use, functioning, or clinical improvement. Therefore, the purchase of this interferential stimulator unit is not medically reasonable or necessary for treatment of this claimant's non-specific diagnosis of "lumbago".

I am the Secretary and General Counsel of \_\_\_ 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 \_\_\_ 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  
P.O. Box 40669  
Austin, TX 78704-0012

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 October 21, 2003

Sincerely,