

October 15, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-04-0069-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurology. The \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 49 year-old male who sustained a work related injury on \_\_\_. The patient reported that while at work he was handling a load of pipe over his head on a tractortrailer when he fell down and injured his back. The diagnoses for this patient included chronic intractable low back pain, lumbar herniated nucleus pulposus and radiculitis. The patient underwent a lumbar myelogram with epidural steroid injection and epidural block on 7/21/03, 6/11/03 and 5/28/03. The patient underwent a discogram with CT scan following on 4/2/03 that showed a large midline posterior annular tear with disc herniation. The patient also underwent X-Rays of the lumbar spine and an MRI of the lumbar spine on 2/10/03. The patient also underwent an EMG/NCV on 2/3/03. The patient has also been treated with oral medications and a muscle stimulator.

### Requested Services

Purchase of an RS4i sequential stimulator 4 channel combination interferential & muscle stimulator unit.

### Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 49 year-old male who sustained a work related injury to his back on \_\_\_. The \_\_\_ physician reviewer also noted that the diagnoses for this patient have included chronic intractable low back pain, lumbar herniated nucleus pulposus and radiculitis. The \_\_\_ physician reviewer further noted that the patient has been treated with epidural steroid injection and blocks, oral medications and muscle stimulator. The \_\_\_ physician reviewer also indicated that the patient was evaluated by a neurosurgeon who recommended lumbar laminectomy. The \_\_\_ physician reviewer explained that the neuromuscular electrical stimulator has not been a proven effective treatment for chronic lower back pain. The \_\_\_ physician reviewer also explained that a neurosurgeon has recommended surgery. Therefore, the \_\_\_ physician consultant concluded that the requested purchase of an RS4i sequential stimulator 4 channel combination interferential & muscle stimulator unit is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

**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)** days of your receipt of this decision. (20 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)** 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. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
P.O. Box 17787  
Austin, TX 78744  
Fax: 512-804-4011

**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. (Commission Rule 133.308(t)(2)).

Sincerely,

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 15<sup>th</sup> day of October 2003.