

November 18, 2003

Re: MDR #: M2-04-0071-01
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 Physical Medicine & Rehabilitation.

Clinical History:

The information provided for review regarding the history of this male claimant's work-related injury was very limited. The history is obtained from one of the prior evaluators. A letter of medical necessity dated 07/22/03, and notes from a follow-up visit on 05/15/03 were provided by the treating doctor. Documentation of a pain management staffing conference on 01/29/03 was also provided. Apparently, this claimant suffered a back injury. He was placed at Maximum Medical Improvement on 01/28/03, after a chronic pain management program.

Apparently, the patient underwent lumbar surgery, but details of that surgery were not provided. The most useful bit of information is the patient's questionnaire reviewing his use of the stimulator.

The treating physician's note on 05/15/03, states that this is a 64-year-old gentleman with chronic low back pain status post lumbar surgery who has completed an aggressive multi-disciplinary pain program.

Disputed Services:

Interferential muscle stimulator.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that an interferential muscle stimulator is not medically necessary in this case.

Rationale:

The most compelling rationale for this decision is on the prescription questionnaire to the patient. For example, on 02/13/03, the questionnaire indicates the patient is having problems some of the time or little of the time, etc.

However, as time goes on and he uses the stimulator, by 08/15/03 the patient, who previously had spasms some of the time, now had spasms most of the time. The patient had limited movement some of the time, and now has limited movement all of the time. He could not sleep some of the time, and now he cannot sleep all of the time. He had pain most of the time, and now has pain all of the time. In other words, as one goes through the questionnaire, one sees that the patient is slowly getting worse while using the stimulator.

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, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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 November 18, 2003

Sincerely,