

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-1159.M2

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0105-01

October 13, 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 injury on ____. He was treated exhaustively with conservative and surgical treatments including medications, physical therapy, caudal epidurolysis, facet injections, a muscle stimulator, a diskectomy, and a fusion. He continued to have symptoms from his injury and entered a chronic pain program.

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, then failed conservative and surgical treatment. Although there is some objective documentation of improvement with a muscle stimulator, no subjective evidence is submitted to substantiate any significant improvement in function or decreased need for medications or other treatments related to the use of this device. In fact, a progress note dated 8/20/03 rates the patient's pain level as 9 out of 10. Also, this device is generally used as an adjunctive therapy in the acute phase of treatment. This view is the standard of care and supported by accepted literature and guidelines such as the Philadelphia Panel Study and the CMS guidelines. No accepted literature or guidelines support the use of muscle stimulators in post-surgical, chronic pain patients. For the above reasons, the prior denial 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 14th day of October 2003.