

NOTICE OF INDEPENDENT REVIEW DECISION

October 28, 2003

RE: MDR Tracking #: M2-04-0151-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient injured her back on ___ while loading heavy boxes. She has had physical therapy and two sacroiliac injections with no benefit. She has had two designated doctor examinations (DDE), both of which placed her at maximum medical improvement at time of exam with 0% impairment rating.

Requested Service(s)

Purchase of an RS4i sequential stimulator 4-channel combination interferential and muscle stimulator unit

Decision

It is determined that the proposed purchase of an RS4i sequential stimulator 4-channel combination interferential and muscle stimulator unit is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The documentation reviewed states this patient's impairment rating was 0% per two different physician examiners. Other records state that additional medical treatment was not necessary to treat a soft tissue injury from three years ago but that her prognosis was "poor" and she is "off work with no clear diagnosis".

The patient has had a trial of the RS4i inferential and muscle stimulator unit and afforded her some relief, measured by her physician as now taking one pain pill a day instead of two. He also noted that her pain decreased from a 7-8/10 level down to a 2-3/10 when using this device. This patient does suffer from chronic pain syndrome.

The use of the neuromuscular inferential stimulator unit is an area of debate in the literature. The national treatment guidelines do not either support or deny its use. It is primarily a pain control device and has been moderately effective in this patient. If the use of this unit would allow the patient not to take pain medication during the day so that she could actually return to gainful employment, the cost of the unit could amply be justified. However, if all the unit accomplishes is reducing the patient's pain by one pain pill a day, then the unit is not justified. Therefore, it is determined that the proposed purchase of an RS4i sequential stimulator 4-channel combination interferential and muscle stimulator unit is not medically necessary.

This decision by the IRO 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) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

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 28 th day of October 2003.
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