

October 28, 2003

Re: Medical Dispute Resolution
MDR Number: M2-04-0160-01
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 Orthopedic Surgery.

Clinical History:

This male claimant injured his back in a work-related accident on ____. Conservative treatment failed to relieve his symptoms, and he underwent two surgical procedures. The first surgery, a lumbar discectomy, was on 08/01/02, followed by a second operation on 02/20/03, a discectomy and fusion at L5-S1. The patient remained symptomatic despite surgery, with complaints of pain in the low back and bilateral lower extremities. An electrical stimulation unit was requested for amelioration of symptoms.

Disputed Services:

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:

Little documentation exists in the literature as to the long-term benefits of electrical stimulation units for chronic pain. On 10/25/02, it was noted that the patient was receiving myofascial treatment and E-stim that did not relieve his symptoms.

There is no documentation of objective, quantified measures of substantive continued improvement over time, that may include, but are not limited to, decreased use of medication; increased function due to reduction in pain; or enhancement of his ability to retain employment. These objective findings relative to the use of the unit are lacking in this case.

There is not sufficient evidence in the literature to prove this modality has a lasting, more than temporary, effect on chronic pain and healing. One available study promoting the use of this device was paid for by the company that makes 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
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 28, 2003

Sincerely,