

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 5, 2003

RE: MDR Tracking #: M2-04-0166-01
IRO Certificate #: 5242

___ 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 an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL Level 2 certification. The Orthopedic Surgeon 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

The claimant has a history of low back pain allegedly due to a compensable work injury on ____. The claimant has undergone MRI of the cervical spine (normal), MRI of the thoracic spine (normal), and MRI of the lumbar spine (minimal desiccation at L5/S1 without narrowing, bulging, or disc herniation and normal first 4 lumbar discs).

Requested Service(s)

Purchase of interferential/muscle stimulator unit

Decision

I agree with the insurance carrier that the requested service is not medically necessary.

Rationale/Basis for Decision

Generally long term use of stimulators is appropriate when there has been at least a 2 month trial to determine effectiveness in significantly increasing range of motion, decreasing the use of pain medication, increasing functional capacity, and a decrease in the need for use of medical services. Generally prior to initiating the use of a stimulator the physician should document the current range of motion, current use of pain medications, and current functional capacity of the injured worker. Prior to any extension of the use of the stimulator, these objective factors should be measured again. Upon review of all documentation provided, there is no evidence provided of a clinical trial to indicate objective improvement with the use of the stimulator. There is no documentation of exhaustion of conservative measures and treatment including physical therapy (spinal stabilization) and bracing. There is no rationale explaining why the use of conventional ice/heat modalities would be any less effective than interferential treatment in the management of chronic pain in this clinical setting.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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 a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
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 other party involved in this dispute.