

October 30, 2003

David Martinez  
TWCC Medical Dispute Resolution  
MS-48  
7551 Metro Center Drive, Suite 100  
Austin, TX 78744-1609

MDR Tracking #: M2-04-0201-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Physical Medicine and Rehabilitation. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 49-year-old female who is status post anterior cervical fusion from C4 to C7 with bilateral medial branch nerve C7-T1 radiofrequency neurolysis. As of 8/15/03 she continues to have cervical pain and cervical radiculopathy. She continues to be on Vicodin HP, Sonata 10 mgs, and Zanaflex 4 mgs. Her pain management doctor, \_\_\_, prescribed an RS-4i sequential stimulator on a trail dosage on January 16, 2002. On March 6, 2003 he recommended renewing the prescription for indefinite use. He based his recommendation on the fact that she had significantly improved with her relaxation of muscle spasms, improved with her ability to function and improved her ability to decrease her pain medication. The patient-generated pain progress report form 6/11/02 through 7/24/03 indicates that she had improvement in her symptoms but did not really change the use of her medications. The carrier has denied long-term use of the requested item as per physician advisors \_\_\_ and \_\_\_ on 8/28/03 and 9/5/03. One denial was because the Glasser study had invalid results or was flawed logic, especially for a patient seven years post date of injury. The other denial was based on the opinion that there was no good or blind peer review of the studies to prove the efficacy of the durable medical equipment that was requested. Her orthopaedic surgeon considered her no longer capable of returning to normal work and she is permanently disabled.

REQUESTED SERVICE

The purchase of an RS-4i interferential and muscle stimulator is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Peer review studies are not available for or against the device in question. The literature by Glasser is suggestive of assistance in reducing pain and increasing function. Although the patient is seven years post date of injury, she is status post C4-7 anterior cervical fusion and approximately one year post radiofrequency ablation of C7-T1 medial branch neurolysis and she continues to have a great deal of pain. Medical care standards for dealing with someone with ongoing chronic pain would advocate use of modalities, ice and heat in preference to addictive pain medicines. Therefore, the reviewer finds that there is a medical necessity for the RS-4i interferential and muscle stimulator in the management of this patient’s pain.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee’s policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

**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.

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 30<sup>th</sup> day of October 2003.**