

March 2, 2004

Re: MDR #: M2-04-0212-01
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.

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.

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 Pain Management.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence
Orthopedic office notes

Clinical History:

This patient, age 31, had an injury on ____. Subsequent to this, she seems to have developed a bulging disc at L4-L5 and L5-S1 in the range of 2-3 mm at each level. It is not clear from the history, but it seems that this patient had an IDET done at either one or other or both of these levels at some time in the past. Subsequent to this, she has continued to have low back pain and radicular pain.

She has also seemingly had epidural steroid injections and SI joint injections done. She had a trial of an interferential stimulator for some extended time, specific period of time unknown, in which she had a significant reduction in her pain of approximately 40% as reported by the requesting physician. This also resulted in her being able to get off all of her pain medications and muscle relaxants. She continues to do home physical therapy for 45 minutes twice a day using the stimulator both before and after each session for approximately an hour each time. The records provided for review indicate that this patient is fairly well motivated, and the interferential stimulator is making a significant difference to her pain level.

Disputed Services:

Purchase of interferential stimulator.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that an interferential stimulator is medically necessary in this case.

Rationale:

It seems that this interferential stimulator is making a positive impact on this patient's pain level, and on her muscle spasms in her back, and has allowed her to get off of all her pain medications while using the interferential stimulator. The reviewer's professional experience with the interferential stimulator is fairly extensive. In the reviewer's experience, he/she has seen patients' positions significantly improve after a successful trial.

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, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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 March 2, 2004.

Sincerely,