

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 7, 2003

RE: MDR Tracking #: M2-04-0240-01
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 a Chiropractor who has a temporary ADL exemption. The Chiropractor 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

It appears the claimant suffered allegedly bodily injury when a pallet full of very heavy materials fell on him back on ___. At any rate, the initial diagnosis was a crush type of injury. The claimant underwent chiropractic care to include aquatic therapy. He underwent a lumbar spine MRI which mainly showed bulges that were noted to be noncompressive. The claimant saw ___ on occasion for medication management and second opinion. The claimant was prescribed an interferential and muscle stimulator combination unit on 5/6/03, and this reportedly decreased his pain to some degree and allowed him to sleep a little better. The claimant was found to be at maximum medical improvement by his treating physician, who in this case was ___, as of 8/28/03 with 10% whole body impairment rating. The impairment rating report revealed the claimant's main complaints were dull neck pain, sharp low back pain and rib pain with difficulty breathing. There was really no evidence of lumbar spine muscle spasm or any type of muscle guarding at that time. There were no subjective pain scales noted at the time of the impairment rating.

Requested Service(s)

The medical necessity of the services including purchase of the RS4i Sequential Stimulator with a 4-channel combination interferential and muscle stimulation unit.

Decision

I agree with the insurance carrier that the services listed above are or were not reasonable or medically necessary.

Rationale/Basis for Decision

The RS 4 stimulator units typically have a pain control mechanism as well as a muscle stimulator function; however, the claimant demonstrated minimal pain and tenderness to various soft tissues according to most of the documentation provided for review. The severity of the injury was really not well documented. I certainly understand that the claimant could have been killed by the heavy pallet of materials that nearly fell on him; however, the overall documentation of the injury seems to suggest that

this was a crush injury that led to no adverse neurological or orthopedic findings beyond that of soft tissue injuries. The documentation was really lacking to show how the unit decreased the claimant's dependency on pain medications, enhanced his home based exercise program, decreased his pain levels or increased his ability to retain employment. The claimant appeared to undergo subjective improvement; however, it was not documented what was causing or what resulted in the alleged improvements. This type of injury usually responds to a trial of conservative care and the documentation was in no way persuasive with respect to how the durable medical equipment helped this claimant. The documentation did not show that this injury was particularly debilitating or resulted in disability such as to require indefinite use of the unit. It should also be noted that ___ exam of 4/29/03 revealed the claimant only had "some tenderness" in the cervical area, right shoulder, rib cage on the right and lumbar area. There was really no evidence at that time of bruising or contusions, only a few weeks post injury. It was also stated by the claimant that the unit helped the claimant reduce tightness; however, tightness can be reduced through a routine stretching program. According to the RS medical documentation, the claimant experienced pain only some of the time as of ___ and it also stated the claimant's overall condition or activities of daily living were not hindered very much at all as of ___, only 6 weeks post injury. At any rate, the point I am trying to get across is that the claimant's overall condition, even though the injury could have resulted in a much more severe outcome, did not seem to warrant the use of this particular unit in that the overall documentation suggested that the injury was not that severe.

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.