

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0347-01

November 26, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Notice of Independent Review Determination

CLINICAL HISTORY

The records indicate that the claimant was injured on the job in ____, has been treated by ___ and seen by other physicians at ____, including ___ indicating that he had previous back injury in ___ and continues to have pain. In addition, there are specific records indicating a repeat MRI was performed showing L5-S1 disk abnormality. On 7/25/03, ___ indicates that this individual is using an RS muscle stimulator or discontinuing his medications in half and his pain score has gone down by 50% as well. There is a subsequent note dated 7/25/03 To Who It May Concern indicating the same findings. There is also a 9/4/03 note also indicating the same findings.

REQUESTED SERVICE(S)

Purchase of RS 4-channel muscle stimulator.

DECISION

Disagree with carrier's adverse termination. Services appear to be reasonable and medically necessary and impacting in a positive way the individual's disease process.

RATIONALE/BASIS FOR DECISION

Multiple studies have been reviewed, including the Philadelphia study and several others indicating no clear-cut scientific research supporting neuromuscular electrical stimulator either beneficial or not beneficial. The specifics to this case of this individual's chronic low back pain are that he has reduced his pain complaints by half and reduced his pain medication by half indicating the device is reducing his pain and resulting in diminished need for medications. For those reasons, being a non-narcotic application that reduces pain, increases ability, and decreases pain medication reliance shows it is reasonable and medically appropriate treatment for this individual for chronic pain.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 26th day of November 2003