

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0379-01
IRO Certificate Number: 5259

December 8, 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 Texas Medical Foundation, 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 ____.

Sincerely,

CLINICAL HISTORY

This is a lady with a history of multiple lumbar disc injuries. There is a notation of an acquired spondylolithesis and degenerative disc disease. Trials at several treatment modalities have been attempted. The requested device is reported to be a portable traction device.

REQUESTED SERVICE(S)

Purchase of Orthotrac Pneumatic device

DECISION

Deny (Endorse pre-authorization determination)

RATIONALE/BASIS FOR DECISION

There are two standards applied. First, is this reasonable and necessary care for the injury sustained? The reported mechanism of injury was a fall that resulted in myofascial complaints in the face of degenerative disc disease. Thus, there is no clinical indication for the use of this device.

Second, is this the prevailing standard of care? This relatively new and experimental device has not been shown to be effective in the treatment of a myofascial injury. The medical history notes several prior events. There is a degenerative disc disease and an acquired spondylolithesis. In addition, there are no known double-blinded peer-reviewed articles noting the efficacy of this device. A literature search noted only one chiropractic article (thought to originate from the same clinic as the requestor), one study that noted a lessening of disc pressure in less than 25% of the participants and one preliminary article from the same clinic as the requestor. It would appear that the requestor is filling out his clinical trials. This would support that this device is still experimental and clearly not the prevailing standard of care.

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 9th day of December, 2003.