

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-0390-01
IRO Certificate No.: 5259

November 26, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. 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 ___.

CLINICAL HISTORY

This patient sustained a work related injury on ____. His course of treatment was fairly complicated including medications, epidural steroid injections and nerve blocks, physical therapy, and a muscle stimulator. On 4/18/02, physical therapy had apparently reached MMI with an impairment rating of 11%. A required medical exam on 5/29/03 by ___ disputes the disability rating and claims the patient reached MMI 30 days after his injury and has a 0% impairment rating. Also, there appears to be confusion in that his radicular symptoms are in his right arm while his imaging studies show a herniated disc on the left side.

REQUESTED SERVICE (S)

Purchase of an interferential muscle stimulator.

DECISION

Deny purchase of requested device.

RATIONALE/BASIS FOR DECISION

___ had exhaustive conservative treatment along with multiple ESI's for a work related injury. He continues to complain of symptomology and is now classified as a chronic pain patient. A muscle stimulator is used as adjunctive therapy in the acute phase of treatment. This device is not indicated for chronic pain patients. This view is standard of care and supported by peer reviewed literature and accepted guidelines such as N.A.S.S., CMS, and the Philadelphia Panel Study. Therefore, the prior denial to purchase this device is upheld.

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 5th day of December 2003.