

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0485-01  
IRO Certificate No.: 5259

December 16, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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

\_\_\_ apparently sustained a lower back injury while on the job on \_\_\_\_. There is no available documentation as to mechanism of injury/diagnoses or initial work-up available.

A prescription for purchase of the muscle stimulator was written by the patients treating doctor, \_\_\_\_, on 9/22/03. This has been denied for payment based on medical necessity and is thus referred for medical dispute resolution purposes through the IRO process.

### REQUESTED SERVICE (S)

Purchase of an RS4i sequential stimulator 4 channel combination interferential & muscle stimulator unit.

### DECISION

Uphold prior denial. There is NOT establishment of medical necessity for the purchase of an interferential / muscle stimulator for this patient.

### RATIONALE/BASIS FOR DECISION

Treating records between 9/5/03 and 9/17/03 were reviewed. During this time frame, there is indication that the treating doctor recommends the continued use of the stimulator, (which was presumably rented during this period of time) along with continued prescription of Motrin 400mg 3 times per day. This is in conjunction with ongoing chiropractic care.

A trial of care with the stimulator has been documented with a rental period, along a report from RS Medical (presumably completed by the patient), indicating that the stimulator 'improves his condition', that the patient is 'using the machine twice per day', and that it 'helps to relax and reduce pain'. Again this is in conjunction with ongoing treatment.

However, there is no evidence of any subjective indication by the patient provided in the doctor's medical record that the stimulator is helpful. There is also no indication that there has been any diminishing requirement for the patient to reduce medication during this period of time (as evidenced by the continued recommendation for ongoing use of Motrin by \_\_\_\_). There is no other objective evidence that either past or as to why on-going use of this device will be beneficial to the patient above and beyond a normal treatment course of care.

*The current standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits), is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.*

The provided documentation shows that the standard of medical necessity, as required by 408.021 (part 1) has not been adequately met in this case.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

## 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 17<sup>th</sup> day of December 2003.