

NOTICE OF INDEPENDENT REVIEW DECISION

Date: January 6, 2004

MDR Tracking #: M2-04-0501-01

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 an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL Level 2. The Orthopedic Surgeon physician reviewer 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

The claimant has a history of chronic back pain allegedly related to a work compensable injury of 03/09/01.

Requested Service(s)

Purchase of RS4i sequential stimulator

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

Generally long term use of stimulators is appropriate when there has been at least a two month trial to determine effectiveness and significantly increase in objective parameters including range of motion, decrease in the use of pain medication, increase in functional capacity and a decrease in the need for use of other medical services. Upon review of all documentation provided there is no objective documentation of a successful clinical trial using the stimulator. Specifically, the initial prescription dated 04/03/03 indicates under treatment plan the indications include maintaining or increasing range of motion and preventing diffuse atrophy. There is no documentation of objective measurement of range of motion or muscle circumference at the time of the prescription.

There is furthermore, no documentation of objective measurement of range of motion or muscle circumference or any other objective parameters on follow-up visit of 06/24/03. Notwithstanding the lack of documentation of successful clinical trial using the durable medical equipment, controlled studies indicate no significant effect on nociceptive response with the use of interferential and E-stim modalities (Arch Phys Med Rehabil. 200 MAR, 81 (3): 324-33.)

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.