

February 9, 2004

REVISED REPORT
Date of injury corrected in "Clinical History"

Re: MDR #: M2-04-0502-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This claimant is a 55-year-old female who felt back and neck pain while at work on ____. No definite history of a specific injury occurring on that day was provided. She has had extensive treatment and diagnostic testing. The patient had nonspecific and varying symptoms, some preceding the date of the injury. The muscle stimulation unit is more to decrease pain and increase mobility as a failure to respond to conservative treatment.

Disputed Services:

RS4i sequential stimulator (4-channel combination interferential & muscle stimulator unit).

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the RS4i sequential stimulator is not medically necessary in this case.

Rationale:

In considering denial or approval of this unit, one refers to the literature, which shows no documented long-term studies, which increase positive objective findings and benefit for this unit. When compared to similar exercises, there is no benefit from the RS unit. Other modalities eliminate discomfort similarly as effectively.

Cases are justified when there is certain objective documented use of medication, increased range of motion documented, return to work, decrease in chief complaints, and decrease in office visits. The treating doctor states that some of these objectives were met, but strict documentation is absent. Suffice it to say there is not sufficient evidence in the literature proving this modality to have more than a temporary effect on chronic pain. Reputable reported literature in the practice and experiences of medicine continue to strongly suggest other alternative modalities can give equal and similar temporary pain relief.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 January 30, 2004

Sincerely,