

January 2, 2004

Re: MDR #: M2-04-0511-01  
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.

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 Pain Management.

**Information Provided for Review:**

Correspondence.  
H&P and office notes.  
Radiology repor.

**Brief Clinical History:**

This female claimant sustained a work-related, cervical injury on \_\_\_\_. She has been evaluated and treated by a myriad of physicians, including the disciplines of psychiatry, chronic pain medicine, chiropractic, and neurosurgery. A C5-6 and C6-7 cervical decompression and fusion was performed on 10/19/00. The patient still complained of pain problems and, in fact, used a TENS unit for approximately five years with some increase in cervical pain complaints.

**Disputed Services:**

Purchase of a TENS unit.

**Decision:**

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

**Rationale:**

The records provide no substantive indication that purchase of the TENS unit would benefit the claimant. The only discussion of the unit vaguely indicates that her pain levels had increased since the unit had been out of use. An analog delineation of how significant the unit may have been or how much her pain advanced after the unit was not in use. In addition, there is no indication as to how much other treatment modalities may have been effective when the TENS unit was no longer in use. Specifically, there is not indication as to a required increase in analgesic narcotic medications after the unit failed.

Currently, there is very little indication that these units lend significant pain reduction in the long term. After careful review of this claimant's lengthy history of failure to respond to a multiplicity of pain treatment and pain management modalities, no justification was found to consider purchasing a TENS unit

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.

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 2, 2004

Sincerely,