

December 18, 2003
Amended January 5, 2004

David Martinez
TWCC Medical Dispute Resolution
MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609

MDR Tracking #: M2-04-0527-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty in Occupational Medicine. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is approximately 28 years of age and his date of injury was ___. On that date, a piece of hot iron hit his right foot, causing significant burns. He underwent a split-thickness skin graft on August 1, 2002. He had pain at the donor site. This patient subsequently was seen by ___ and then changed physicians to ___ on January 21, 2003. It is noted that litigation is pending.

This patient was diagnosed with complex pain syndrome of the right foot and ankle. He was eventually seen by ___ who treated the patient for reflex sympathetic dystrophy. The patient underwent lumbar sympathetic blocks and was also placed on a neuromuscular stimulator which gave him good pain relief. Apparently the patient sustained an infection to the donor site and was treated with p.o. antibiotics.

On April 21, 2003 this patient underwent an independent medical examination by ____, an orthopedic surgeon. It was his opinion that the patient had reached maximum medical improvement on that same date. Diagnoses given were hypertrophic scar formation secondary to a burn, a resolved infection of the donor site, and possible reflex sympathetic dystrophy.

REQUESTED SERVICE

The purchase of an RS-4i interferential and muscle stimulator is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

____ is a 28-year-old gentleman who sustained third degree burns to his right foot and ankle on _____. He eventually developed symptoms of possible reflex sympathetic dystrophy and was treated by _____ with sympathetic blocks. They gave him good results. He had reached MMI on April 21, 2003. It has been requested the patient purchase an RS-4i neurostimulator for indefinite use.

Based on the medical records provided and the reviewer's knowledge of neuromuscular stimulators, this request should be denied. This is based on the fact that there are no perspective randomized studies which would support the long-term usage of neurostimulators for non-acute back pain. The reviewer refutes the paper accompanying these medical records and notes that it was written by John Glaser, *et/al*. It clearly states in the last paragraph that the results of this study cannot be generalized to all patient with lower back pain. Further investigation is needed.

_____ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. _____ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of _____, I certify that there is no known conflict between the reviewer, _____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

_____ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to 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 (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.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 18th day of December 2003.