

January 28, 2004

Re: MDR #: M2-04-0590-01  
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 Pain Management.

**Clinical History:**

It should be noted that no history or initial evaluation was provided for review. The only clinical information provided consisted of office notes from 08/06/03 to 12/16/03, and the prescription for the RS4i sequential stimulator. TWCC records indicate that this patient is a 40-year-old male with back pain who was injured on \_\_\_\_. The patient apparently began pain management treatment in July 2003.

**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:**

Upon review of the clinical information submitted, it was determined that the requested purchase of the inferential and muscle stimulator was neither medically necessary nor appropriate. Reports identify a printout of claimant's usage of the stimulator, indicating usage of 8 times over 12 days in August 2003, and 1 time in September 2003. The patient demonstrates increased narcotic requirement during this period of time. The patient was also identified by attending physician as needing injection treatment.

It is also noted in the medical literature there is no documentation of proven efficacy of this device. Glaser, J.A.: *Electrical Muscle Stimulation as an Adjunct to Exercise*

*Therapy in the Treatment of Non-acute Low Back Pain; A Randomized Trial.* "Journal of Pain," 2001; 2:295-300. Wheeler, A.H.: *Electrical Muscle Stimulation: Portable Electrotherapy for Neck and Low Back Pain: Patient Satisfaction and Self Care.* "AMJ of Pain Management," 1997; 7:92-97.

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 28, 2004

Sincerely,