

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0592-01
IRO Certificate Number: 5259

January 22, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

Patient received spinal manipulation and various physical medicine treatments after injuring low back on ___ when he lifted an 80 pound bag of concrete.

REQUESTED SERVICE(S)

Prospective medical necessity of the proposed purchase of an RS4i sequential stimulator.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Interferential muscle stimulation has been shown to relieve chronic pain, reduce muscle spasm, prevent disuse muscle atrophy, increase local blood circulation and help increase ranges of motion. Moreover, interferential and muscle stimulation are both accepted modalities in the field of physical medicine and chiropractic.

A home unit for this patient is indicated since past usage has been beneficial, usage and compliance can be monitored by the physician and intensive treatment can be delivered in a more efficient and cost effective manner.

The carrier, through its law firm, supplied extensive information and multiple exhibits advocating the non-necessity of the treatment in question. Those comments warrant discussion. Although the carrier dismissed the Glaser study¹, it was published in the scientific, peer-reviewed *Journal of Pain*. The findings therefore deserve consideration. The carrier repeatedly stated that stimulators are not indicated for chronic pain although no documentation for this opinion was supplied and the Glaser study utilized patients with non-acute pain. The carrier stated that TENS and interferential are the same treatment and they are not. More importantly, the RS4i is not a TENS modality. And the carrier selectively used past IRO decisions as a basis for denial, but failed to mention that other IRO decisions have approved the device as being medically necessary.

Regardless, approvals and denials in other cases are not in any way relevant to the specific case in question.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

¹ Glaser, JA, et al. 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 23rd day of January 2004.