

NOTICE OF INDEPENDENT REVIEW DECISION

January 15, 2003

RE: MDR Tracking #: M2-04-0633-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

Clinical History

This patient sustained an injury on ___, mechanism unknown. He was diagnosed with cervicocranial syndrome. He has been using the interferential and muscle stimulator on a trial/rental basis and his provider is requesting its purchase for indefinite use.

Requested Service(s)

Purchase of an RS4i sequential 4-channel interferential and muscle stimulator unit

Decision

It is determined that the proposed purchase of an RS4i sequential 4-channel interferential and muscle stimulator unit is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

No qualitative or quantitative data has been provided for review to determine if the purchase of the RS4i interferential and muscle stimulator is appropriate in the management of this patient's medical condition. The requesting provider has not forwarded medical

records showing any initial trials of this device and the efficacy of the trials in relation to this particular patient's condition.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- *Overview of implementation of outcome assessment case management in the clinical practice.* Washington State Chiropractic Association; 2001. 54p.
- Yeomans DC, SG. *Applying Outcomes Management into Clinical Practice.* J Neuromusculoskel System Summer 1997; 5(2): 1-14.

This decision by the IRO is deemed to be a TWCC decision and order.

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 (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 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, Fax: 512-804-4011.

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

Sincerely,

<p>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 15th day of January 2004.</p>
