

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** February 4, 2004

**RE: MDR Tracking #:** M2-04-0636-01  
**IRO Certificate #:** 5242

\_\_\_ 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 an Orthopedic Surgeon (who is board certified in orthopedic surgery) who has an ADL certification. The physician reviewer 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**

Claimant has a history of chronic low back pain allegedly related to the work compensable injury that occurred on or about \_\_\_.

### **Requested Service(s)**

Purchase of RS4I sequential stimulator.

### **Decision**

I agree with the insurance carrier that the requested intervention is not medically necessary.

### **Rationale/Basis for Decision**

Generally nerve stimulators should be used for acute pain and usually for no longer than four to six weeks. If stimulators are needed beyond the acute phase, objective documentation should be provided for the continued rental or purchase. Long term use of stimulators is appropriate when there has been a two month trial to determine its effectiveness in increasing range of motion, decreasing the use of pain medication, increasing functional capacity, and decreasing the use of other medical services. The claimant was prescribed an RS4I stimulator on 7/8/03. The patient reported a decrease in pain level of approximately 35% and decrease in muscle spasm in a note dated October 8, 2003. There is no objective documentation in clinical records provided of a successful clinical trial, nor is there objective documentation of range of motion, functional capacity, or amount of pain medicine prior to use of the DME or after use of the DME to indicate any significant improvement. Anecdotal reports of a subjective nature by the patient do not meet the clinical criteria of an objective trial to determine the clinical effectiveness of the nerve stimulator device. This type of individual clinical trial is necessary due to the fact that there is no support in peer reviewed literature from controlled studies to indicate any significant benefit from the use of a nerve stimulator to control chronic pain.

## 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 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.