

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 23, 2004

MDR Tracking #: M2-04-0770-01
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 reviewer (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

The claimant has a history of chronic low back pain allegedly related to a compensable injury on ___.

Requested Service(s)

Purchase of interferential muscle stimulator

Decision

I agree with the insurance carrier that the requested durable medical equipment is not medically necessary.

Rationale/Basis for Decision

Generally long term use of stimulators is appropriate when there has been a clinical trial to determine its effectiveness by objective measurement of increased range of motion, decrease in use of pain medications, increase in functional capacity and a decrease in the need of the use of other medical services. Prior to initiating the use of the stimulator, the physician should document current range of motion, current use of pain medication, and current functional capacity. Prior to any extension of the use, these objective factors should be measured again. Upon review of all documentation provided, there is evidence of a prescription for a muscle stimulator on February 18, 2003. Under the treatment plan section of the prescription, indications specifically include the goal of maintaining or increasing range of motion.

There is no documentation at the time of the prescription of the device of objective measurement of range of motion, quantity of pain medications used, or functional capacity. The second prescription dated 11/24/03 does not include under patient progress any objective measurements to indicate significant improvement over time. Individual clinical trials are indicated because controlled studies indicate that interferential stimulation and TENS have no significant effect on pain response. (Arch Phys Med Rehabil. 2000 Mar, 81 (3): 324-33).”

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.