

April 27, 2004

Re: MDR #: M2-04-0938-01
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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. 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 Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services
EOB's, carrier's physician review
Letter of medical necessity (treating doctor)
Information about muscle stimulators provided by Requestor
Progress notes and Rx for muscle stimulator from treating doctor -10/03 thru 11/03).
Nerve conduction studies of lower extremities – 09/30/03

Clinical History:

The claimant injured the front of her left foot in a work-related accident on _____. She has had chronic pain since that time and has failed to respond to conservative treatment. She has been treated and managed with the RS inferential nerve stimulator with reported relief of the discomfort.

Disputed Services:

Purchase of interferential muscle stimulator

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that purchase of an interferential muscle stimulator is not medically necessary in this case.

Rationale:

There is not sufficient evidence or literature provided proving this modality having a lasting-more than temporarily effect on chronic pain. The reputable reported literature in the practices and experiences of medicine continue to strongly suggest other alternative modalities can give equal or similar temporary pain melioration. The article quoted in this case specifically refers to low back pain, whether there is some evidence that this modality may be of benefit. No additional evidence has been presented to support purchase of a muscle stimulator. This case was discussed with a specially trained pain management doctor and a physical medicine specialist in arriving at this decision. It is also based on personal clinical experience with this modality.

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 April 27, 2004

Sincerely,