NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 19, 2004

RE: MDR Tracking #: M2-04-0945-01
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 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
This injury occurred on ___ with resulting chronic low back pain. No other history available.

Requested Service(s)
RS4i sequential stimulator 4 channel combination inferential and muscle stimulator

Decision
I agree with the insurance carrier that these services are not medically necessary.

Rationale/Basis for Decision
There is no documentation in the records I have reviewed of improvement of functional levels using the above device. The record contains only anecdotal reports. There should always be a clinical trial of at least 60 days to monitor functional improvement, reduction in use of analgesics, and improved range of motion. In the records I reviewed, the above was not present. There are no independent evidence based scientific studies in the peer reviewed medical literature to support use of the RS4i stimulator. Therefore, the only way to evaluate the use of the RS4i stimulator would be to conduct an individual clinical trial with objective recording of improvement in physical functional capacity with the individual demonstrating physical activities that he could not perform before the stimulator was applied, and demonstrating decrease in the need for analgesics. In an ideal situation, the evaluation of the efficacy of the stimulator should be done by a qualified professional other than the prescribing physician, who is not aware of the individual's functional capacity and pain levels prior to prescribing the device.

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.