

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 27, 2004

RE: MDR Tracking #: M2-04-1089-01

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

The claimant is a 41 year old male who was injured while driving a truck for ____. The boom on the truck struck a bridge overpass. Ongoing complaints of neck and back pain since accident. Cervical MRI and lumbar myelogram, CT demonstrate 4mm retrolisthesis at L5 on lumbar study, no other significant findings except chronic changes. Neurologic exam normal on multiple examinations by multiple examiners. Waddell findings have been noted on exams. There is a history of carpal tunnel surgery on right preexisting the accident. The patient has not returned to work according to the notes I have reviewed.

Requested Service(s)

Rs4i muscle stimulator

Decision

I agree with insurance carrier that the above stimulator is not medically necessary.

Rationale/Basis for Decision

There is no documentation in the records I reviewed of improved functional levels using the Rs4i stimulator. There are only anecdotal notes. Since there are no independent evidence based studies in the peer reviewed literature to support the use of this device, there should always be a clinical trial of at least 60 days to monitor functional improvement, reduced use of analgesics, and improved range of motion. There is no documentation in the medical record that this has occurred.

An individual clinical trial with objective evidence of improvement in clinical function and demonstration of increased physical capacity has not been accomplished. 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 levels and need for analgesics prior to the application of the stimulator.

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.