

MDR Tracking Number: M2-04-1216-01
IRO Certificate # 5259

May 4, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

The chart reviewed reveals scarcity of clinical evidence. There is a procedure note of 01/31/02 showing diagnosis preoperatively of lumbar spondylosis, intravertebral disk herniation at L4-L5, facet joint arthropathies, and segmental instability at L4-L5, and spinal stenosis, and segmental instability at L5-S1 with foraminal stenosis at L5-S1 nerves. It indicates this is a 55-year-old man who has found to have evidence of severe back pain from L2 to S1. He also has marked cord compression noted. The more recent notes by ___ do not outline the nature of the injury, nor do they document the injury being treated. Only that the individual has complaints of pain and that he is receiving RS Stimulator and that with the RS Stimulator, he reports his pain level to be lower and his medication usage is less. The notes have a stamp signature and not a hand signed signature by the physician. They do not indicate which medications he is currently using nor the quality and nature of the pain. The submitted records do not indicate or document any physical examination regarding the patient's mobility and are totally subjective in nature.

REQUESTED SERVICE (S)

Purchase of RS Medical Four-Channel Stimulator

DECISION

Denied. Uphold carrier's determination that this is not medically warranted or necessary based on medical records.

RATIONALE/BASIS FOR DECISION

Use of a muscle stimulator is considered reasonable and appropriate when there is substantial evidence that it will have an impact on the individual's underlying condition and result in increased function, decreased medication, and increased use of treatment services. The records provided to date are very incomplete, do not indicate specifically the diagnosis, nor do they indicate clearly what medications, if any, the patient is taking and if taking one tablet a day is a reduction from his usual dose or if this is his usual dose. Since the records are the responsibility of the requesting party and since they are inadequate, there is no evidence of clinical significance to support purchase of the device as there is no compelling evidence that the physician notes were written specifically about this patient. They are very general and incomplete and do not provide any specific clinical information that would indicate that this device is having a true impact on pain control. Furthermore, there has been significant amount of research regarding the use of electrical muscle stimulator devices and the use regarding treatment of chronic pain and there is no evidence in the medical literature to support a sound conclusion that they have obvious beneficial affects. Furthermore, there is no specific article indicating that treating an individual with lumbar disk disease, spinal stenosis, and facet arthropathy respond to this form of device. For these reasons, this device is not medically appropriate for this individual.

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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 6th day of May 2004.