

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 3, 2004

MDR Tracking #: M2-04-1285-01

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 currently a 68-year-old female who was injured at work on ___ when she caught her foot in a wire and strained her neck and back. She subsequently had a lumbar fusion followed by hardware removal. The surgery failed and she was left with chronic low back pain with radiculopathy left lower extremity. She presently is being treated by ___ who is a physiatrist.

Requested Service(s)

RS4i stimulator

Decision

I agree with the insurance carrier that this device is not medically necessary.

Rationale/Basis for Decision

There is no evidence in the record that objectively demonstrates improvement in her condition. ___ note of 2-4-04, indicates she was not getting relief with the RS4i device. There is no objective evidence in the peer reviewed medical literature that indicates this device is useful. Since there is no evidence, then a trial of at least 60 days should be done on an individual basis. This should demonstrate consistent improvement based on objective parameters such as significant reduction in analgesic use, improved functional levels both in range of motion and strength, and return to pre-injury levels of function. The results should be evaluated by an independent examiner who did not have knowledge of the individual's original status.

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.