

NOTICE OF INDEPENDENT REVIEW DECISION

June 10, 2004

MDR Tracking #: M2-04-1304-01
IRO Certificate #: IRO4326

The ___ 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 a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional 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 patient sustained a work-related injury on ___ and has been diagnosed with lumbago and muscle spasms. The patient is being treated by a chiropractor and has been renting a RS-4 Electrotherapy Unit. The patient is making slow progress and the treating doctor has recommended that the patient purchase an RS4i Sequential Stimulator 4-channel combination interferential and muscle stimulator unit.

Requested Service(s)

The purchase an RS4i Sequential Stimulator 4-channel combination interferential and muscle stimulator unit.

Decision

It is determined that the purchase an RS4i Sequential Stimulator 4-channel combination interferential and muscle stimulator unit is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that this patient was injured on the job on ___ and she has been diagnosed with lumbago and muscle spasms. The patient is making slow progress and the treating doctor recommended the purchase of the muscle

stimulator unit. It has been rented for two months. The doctor indicated the medical necessity and requested the unit purchase verses a long continual rental period.

The records indicate that the patient is participating in home therapy with the use of the muscle stimulator. Documentation from the treating physician and the patient confirm the multiple benefits that the patient continues to receive from the unit. It has allowed for a decrease in the patient's medication and lidocaine pain patches. Her over-all pain is less and she is able both sleep better and to better function in her daily activities of living. The records indicate she is using the machine and it is helping her long-standing injury. This treatment modality is and has been a main stay as far as treating injuries and conditions of this nature. National treatment guidelines allow for the utilization of this unit in conditions of this nature when it produces the desired effect as it has in this case. Therefore, the purchase an RS4i Sequential Stimulator 4-channel combination interferential and muscle stimulator unit it medically necessary

This decision by the IRO is deemed to be a TWCC decision and order.

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 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

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 10 th day of June 2004.
