

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 15, 2004

RE: MDR Tracking #: M2-04-1355-01

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 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.

Submitted by Requester:

- Office notes dated 1/27/04, 1/20/04 and 10/23/03
- Peer review dated 3/15/04, 3/25/04

Submitted by Respondent:

- Office notes dated 2/24/04, 1/13/04, 12/2/03, 10/21/03
- Letter of medical necessity dated 1/20/04
- Peer review dated 3/15/04, 3/25/04
- RME dated 4/9/02

Clinical History

The claimant has a history of chronic back pain allegedly related to a work compensable injury on ___. The claimant was assigned a 5% whole person impairment and maximum medical improvement on April 9, 2002.

Requested Service(s)

Purchase of RS-4i sequential stimulator

Decision

I agree with the insurance carrier that the requested DME is not medically necessary.

Rationale/Basis for Decision

Generally, transcutaneous stimulators should be used for acute pain and usually for no longer than 4-6 weeks. If stimulators are needed beyond the acute phase, objective documentation should be provided for purchase. A stimulator trial of 1-2 months is appropriate after failure of 4-6 weeks of conservative management. Generally, the physician should document current range of motion, functional capacity, and quantitative use of the pain medication prior to onset of use of the device and then again record objective measurements after use of the device to determine any significant improvement over time. There is no documentation of a clinical trial with objective measurement of the above described parameters to indicate any significant benefit with the use of the device. An RXS medical prescription dated 1/27/04 describes under patient progress section a “decreased muscle spasms, increased function, and decreased pain”. Under ‘Treatment Plan’ on the same prescription, one of the indications is to maintain or increase range of motion. There is no objective documentation of range of motion prior to onset of use of the device or after its use to indicate any significant benefit over time. Furthermore, there is no documentation of exhaustion of conventional conservative measures of treatment including, but not limited to, oral non-steroidal anti-inflammatory medications, oral cortico steroid medications, physical therapy emphasizing dynamic spinal stabilization and bracing. Individual clinical trials are indicated because independent peer reviewed literature does not show any significant effect on pain response with use of transcutaneous/interferential stimulators.

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.