

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 17, 2004

RE: MDR Tracking #: M2-04-1377-01
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 a Chiropractic reviewer 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:

- Pre-authorization request 4/5/04-denied for purchase of RS-4i unit
- Pre-authorization request 4/7/04-denied for purchase of RS-4i unit
- Prescription for use of the unit from ___ of 2/16/04
- Chiropractic clinic note of 3/29/04
- Letter of Medical Necessity for use of the unit dated 3/29/04 from ___
- Prescription from ___ dated 3/30/04 for continued use of the unit

Submitted by Respondent:

- Some of this documentation is repetitive and has already been listed and includes a pre-authorization denial letter of 4/1/04
- Pre-authorization denial letter for purchase of the unit of 4/5/04
- Price sheet for the unit reflecting a cost for purchase of the unit as \$2495.00
- Prescription for use of the unit from ___ of 3/30/04
- Letter of Medical Necessity from ___ dated 3/29/04
- Various literature about the RS-4i unit
- Progress report of 2/24/04 from the chiropractor
- Three pages of various chiropractic daily notes running from January-March 2004
- 2/25/04 follow-up note from ___
- 1/22/04 note from ___

- CT/myelogram operative note of 1/22/04
- ___ follow-up note of 12/17/03
- ___ note
- Further follow-up visits from ___ of 12/12/03, 12/4/03, 12/2/03, 11/17/03, 11/11/03 and 10/29/03
- MRI report of 10/21/03
- Arterial blood study of one of the claimant's legs of 5/27/03

Clinical History

According to the documentation submitted for review, the mechanism of injury was described to consist of symptoms that came on over time while the claimant was doing her normal routine as a teacher. It appears that the claimant suffered a worsening of a degenerative condition and this was called a worker's compensation injury. It was stated that the problem just seemed to come on over time and this was stated on ___ in one of ___ follow-up notes. The claimant is seeing ___ and ___ did recommend surgery on 1/22/04, however, I am unsure if the claimant underwent surgery. The claimant did wish to proceed with surgery, however, I saw no evidence of an operative note in the documentation. The claimant is also seeing a chiropractor by the name of _____. The claimant has undergone physical therapy and two epidural steroid injections.

Requested Service(s)

Please review and address the medical necessity of the services including purchase of the RS-4i sequential stimulator four channel combo unit including interferential and muscle stimulation.

Decision

I agree with the insurance carrier and find that the purchase of the unit is not medically necessary.

Rationale/Basis for Decision

Although it is my opinion that use of this particular unit provides some subjective relief to patients, especially in the acute stage of the injury, purchase of the unit is neither cost effective nor more advantageous than a low-tech home based exercise program. In a randomized controlled study of active and passive treatments for chronic low back pain following L5 laminectomy from the Journal of Orthopedic Sports Physical Therapy, it was concluded that low-tech and high-tech exercises were the only effective treatments for chronic low back pain and low-tech exercise produced the longest period of chronic low back pain relief. The study further concluded that low-tech exercise was the most cost effective form of treatment. Clinically, low-tech exercise may be the treatment method of choice for the effective management of chronic low back pain. Low-tech exercises would include use of a Theraball or participation in a home based exercise program. Another study which involved the study of a Dynatron STS unit, which

highly resembles an interferential unit, it was concluded that there was insufficient evidence existing to determine the effectiveness of the use of the unit for treatment of chronic pain. This

came from the ___ on 4/30/02. It would be counter productive for this claimant, who is noted to be overweight and has degenerative changes (which in my opinion is responsible for most of her ongoing pain) to use this unit when she could be utilizing over the counter medications and low-tech exercises via a home based exercise program at home. The claimant could also apply heat and ice as needed. The documentation also suggests that this claimant's occupation is that of a teacher and the documentation is insufficient to support permanent use of this passive device in what is obviously a chronic degenerative low back condition.

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.

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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 22nd day of June 2004.