

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-8327.M2

July 21, 2004

Re: Medical Dispute Resolution
MDR #: M2-04-1410-01
IRO Certificate #: 5055

Dear ____

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Interventional Pain Management and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: office notes and physical therapy notes.

Information provided by Respondent: correspondence.

Clinical History:

The claimant is a 47-year-old male who injured himself while working on the job. Apparently he sustained injury to the low back upper leg area. This injury occurred in _____. Since that time, he has had very extensive conservative pain management care, which have included epidural steroid injections and median facet nerve block all of which did not significantly help this gentleman's pain. Eventually, he was placed on long-acting Duragesic narcotics with breakthrough hydrocodone as well as Soma and Skelaxin. Interferential stimulation was attempted and utilized beginning in September 2004; however, no significant office notes exist following January of 2004 through present.

Disputed Services:

Purchase of RS4i sequential stimulator 4-channel combination interferential and muscle stimulator unit.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that purchase of a muscle stimulator unit as stated above is not medically necessary in this case.

Rationale:

Enclosed office notes did not substantiate the continued benefit of the trial interferential stimulator unit. Office notes do not reflect a reduction in his use of opiates, nor did they include any increase in function. The office notes indicate that the claimant continues with fairly high levels of pain and is well past the acute care since the injury started in 2002. It is noted that therapies such as the RS 4i are not productive in treating chronic low back pain. In fact, the use of TENS units in a med-analysis in another study showed no significant benefits following the first month of use.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by _____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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

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 July 21, 2004.

Sincerely,