

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

June 21, 2004

**Re: IRO Case # M2-04-1415**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Management, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Pain management initial visit report on 5/1/02, and follow up reports
4. Orthopedic consult 7/29/02,
5. Orthopedic consult 4/5/02
6. MRI of the cervical spine report 4/10/01
7. MRI of the right shoulder report 4/8/02
8. MRI of the lumbar spine report 8/6/02
9. TWCC work status reports

10. Medical record evaluation 12/12/03
11. Medical Prescription for sequential stimulator 1/15/04
12. Radiology report right shoulder 8/6/02
13. Rehab reports and notes
14. Operative report 10/3/02
15. DDE report 7/30/02, 3/5/03
16. TWCC-69 3/5/03
17. X-rays lumbar spine report 3/4/03
18. Electromyography report 3/4/03
19. Physical therapy assessment 2/4/03
20. Operative report and Discharge summary 9/5/02
21. Physical therapy evaluation 10/7/02

#### History

The patient is a 34-year-old male who has had right shoulder, neck and low back pain since an \_\_\_ injury. Shoulder arthroscopy was performed, and the patient has been treated with extensive therapy and injections.

#### Requested Service(s)

Purchase of an RS4i sequential stimulator

#### Decision

I agree with the carrier's decision to deny the requested purchase.

#### Rationale

The records provided for this review do not adequately document the specific efficacy of the patient's use of the RS-4. With use of the RS-4, there was no change in the patient's pain levels, and further work up for "constant pain" has been recommended. Therefore, it is not reasonable and necessary to purchase the unit.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to 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.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 22<sup>nd</sup> day of June 2004.