

October 20, 2004

Re: MDR #: M2-05-0104-01  
IRO #: 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 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 Physical Medicine & Rehab and in 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:

- letter of medical necessity 07/09/04
- office note 05/24/04
- physical therapy notes 05/14/04 – 06/28/04

Information provided by Respondent:

- correspondence 07/22/04 & 08/04/04
- report of medical evaluation 08/12/04

#### **Clinical History:**

This patient was injured on \_\_\_\_ while at work. He was treated for lumbosacral neuritis. The patient had decreased pain and muscle spasms as well as "improving overall muscle condition".

#### **Disputed Services:**

Purchase of an RS4i sequential 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 the equipment in dispute as stated above is not medically necessary in this case.

**Rationale:**

The documentation provided fails to identify specific areas of functional improvement for this patient. It also fails to identify whether any functional improvement was associated with the ongoing use of the RS-4i unit or was independent of this unit. No other documentation regarding management of pain and muscle spasm was noted. Hence, the RS-4i's effectiveness in this area has no standard against which to measure it.

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 October 20, 2004.

Sincerely,