

December 15, 2004

Re: **MDR #:** M2-05-0269-01 **Injured Employee:**
 TWCC#:
 IRO Cert. #: 5055 **DOI:**
 SS#:

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission

Attention: Rosalinda Lopez
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:

RS Medical
Attention: ____
(800) 929-1930

RESPONDENT:

American Home Assurance Co.
Attention: ____
(512) 867-1733

TREATING DOCTOR:

Dr. M, M.D.
(713) 663-6110

Dear ____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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 Independent Review, Inc. 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 and Rehabilitation and in Pain Management and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. 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 December 15, 2004.

Sincerely,

Secretary & General Counsel

GP/thh

REVIEWER'S REPORT

M2-05-0269-01
12/15/04

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:

- Correspondence
- Office notes 07/25/03 – 10/15/04
- Physical therapy notes 06/16/04 – 08/31/04
- Radiology report 10/18/04

Information provided by Respondent:

- Case summary 11/23/04
- Medical record review 08/09/04

Clinical History:

The patient is a 74-year-old gentleman who was injured on his job on ____, resulting in pain in the lumbar region. He was managed with a variety of conservative therapies and medications, none of which produced lasting long-term improvement.

Disputed Services:

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

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:

In reviewing the treating doctor's office notes, it is stated on 9/17/04, "When he uses it (muscle stimulator) it is helping him relax and reduces muscles cramps and muscle spasms, only he does not use it that much." In a letter dated 6/22/04, the treating doctor states that the patient has decreased pain medications, which have increased functional activities without pain. Reviewed medical records fail to demonstrate any significant decrease in pain medication. In fact, Ambien had to be increased while maintaining the same amount of Vicodin in visits of 7/16/05 and 9/17/04.

Another letter from the treating doctor on 8/17/04 stated that the patient had "decreased the use of medication and increased function due to reduction in pain with the use of a stimulator. The continued use of RS4i enhances the ability of the employee to return or retain employment." Again, the decreased use of medication is not supported by the medical records. Increased function due to reduction in pain with the use of the stimulator is not supported in the medical records provided. Additionally, the patient clearly did not even use his stimulator that much when he had it. Therefore, the reviewer agrees that there is no indication for the purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator.