

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 12, 2004

RE:

MDR Tracking #: M2-05-0310-01
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 Physical Medicine and Rehabilitation reviewer (who is board certified in PM&R) 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:

- Office notes of ___ (___) dated 5/28/04 and 9/20/04
- Letters of medical necessity by ___ dated 8/12/04 and 9/20/04
- ___ prescription forms dated 6/4/04 and 7/20/04

Submitted by Respondent:

- ___ denials of RS4 stimulator dated 9/2/04 and 9/14/04
- Review Med medical review report dated 8/8/04
- Operative report procedure note of lumbar laminectomy/discectomy and posterior lumbar interbody fusion by ___ dated 6/10/02
- Designated doctor examination dated 2/17/03 by ___
- Follow up visit notes by ___ dated 11/20/01 and 1/14/03
- Lumbar MRI scan report dated 8/17/01

Clinical History

This 53 year old school teacher sustained multiple orthopedic injuries when she tripped over a student's chair which caused injuries to the right ankle, right shoulder and lumbar spine. She underwent arthroscopic surgery of the right ankle with improvement and arthroscopic surgery of the right shoulder with progressive improvement. The claimant also had a multilevel lumbar fusion

surgery at L4/5 and L5/S1 on 6/10/02. The claimant is reportedly utilizing the RS4 stimulator for chronic low back pain management.

Requested Service(s)

Purchase of the RS4i sequential 4 channel combination and muscle stimulator.

Decision

I agree with the insurance carrier that the requested RS4i sequential 4 channel combination and muscle stimulator is not medically necessary.

Rationale/Basis for Decision

The requested RS4i sequential 4 channel combination and muscle stimulator is not approved because review of the mainstream medical literature does not find any large randomized controlled university based double blinded studies that scientifically demonstrate therapeutic benefit of the RS4i muscle stimulator. The submitted medical documentation by ___ describes reduction in medication use and reduced visual analog scale scores attributed to the use of the RS4i muscle stimulator; however, he does not specifically describe physical activities that the claimant can perform that would otherwise not be possible without use of the RS4i muscle stimulator. Additionally ___ does not document any improvement in physical examination findings such as a greater degree of lumbosacral spine range of motion and reduction in paralumbar muscle spasm attributed to the RS4i neuromuscular stimulator use.

In summary, there continues to be inadequate submitted documentation to medically justify the requested purchase of the RS4i sequential 4 channel combination and muscle stimulator.

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.