December 1, 2004

David Martinez
TWCC Medical Dispute Resolution
MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609

Patient:
TWCC #:
MDR Tracking #: M2-05-0314-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

The reviewer was presented with medical records of ___, Dr. S, M.D., records from Texas Mutual, and company literature from RS Medical.

CLINICAL HISTORY

___ is a 60-year-old gentleman who injured his lower back on ___. He has been treated by Dr. S on a regular basis since that injury. Records indicate the patient had a lumbar MRI on November 5, 2002 that demonstrated diffuse degenerative changes of the lumbar spine. He was given a diagnosis of spondylosis of the lumbar region.

The patient was doing some home physical therapy that was controlling is symptoms. In fact, it is noticed that the patient is requesting a YMCA membership, which has not been approved. He is requesting a new lumbar support. It was the doctor's opinion the patient should continue with physical therapy. He also requested a RS-4i sequential four channel combined interferential muscle stimulator unit for permanent use.

REQUESTED SERVICE

The purchase of an RS-4i interferential and muscle stimulator is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This device should not be authorized. Please note that the proposed device is not broadly accepted as the prevailing standard of care and is not recommended in medical necessity. These passive modalities are indicated in the acute phase of care and combined with formal physical therapy. They are time-limited. The provided literature from RS Medical, specifically the article from The Journal of Pain, Volume 2, Number 5 (October) 2001:pp295-300 states that the pain was relieved with exercise therapy that was continued for six months. The electrical stimulator was discontinued at a two-month interval. The article had 42 people who withdrew from the study, leaving the original cohart to be 38. This study is poorly designed with weak conclusions. Most certainly, nowhere in this study is there support for the long-term use of electrical stimulation alone for chronic back pain.

To the reviewer's knowledge, there is no long-term double-blind randomized study that supports the RS-4i sequential four-channel combined interferential muscle stimulator in patients with chroic low back pain form lumbar spondylosis.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

President/CEO

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.

President/CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 1st day of December, 2004.

Signature of Ziroc Representative:

Name of Ziroc Representative: