

December 13, 2004

RS Medical
P.O. Box 872650
Vancouver, WA 98687-2650

VIA FACSIMILE
East Texas Educational Ins. Association
Claims Admin. Services
Attn: ____

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-0370-01
TWCC #:
Injured Employee:
Requestor: RS Medical
Respondent: East Texas Educational Ins. Association Claims Admin. Services
MAXIMUS Case #: TW04-0498

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in internal medicine and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 54 year-old female who sustained a work related injury on _____. The patient reported that while at work she injured her back when she attempted to lift a student onto a bus. The patient reportedly underwent an MRI of the cervical spine 3/23/04 that revealed posterior annular protrusion and spondylitic osteophytes at C5-6 and C4-5, a mildly stenotic canal at C5-6 with mild AP cord flattening, and mild foraminal stenosis at C4-5 and C5-6. The impression for this patient's condition has included right cervical radiculopathy C5 distribution

secondary to disc and stenosis, cervical spondylosis, rule out facet component. Treatment for this patient's condition has included physical therapy, medications and the use of an RS4i sequential stimulator. The purchase of an RS4i sequential stimulator has been recommended for further treatment of this patient's condition.

Requested Services

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

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. RS Medical Prescription 5/7/04, 8/30/04
2. Letter of Medical Necessity 7/28/04, 8/23/04

Documents Submitted by Respondent:

1. Utilization Review 8/12/04
2. Office notes and treatment records 2/17/04 – 7/1/04.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a 54 year-old female who sustained a work related injury to her back on _____. The MAXIMUS physician reviewer indicated that an MRI performed in 3/2004 showed annular protrusion and osteophytes at C4-5 and C5-6. The MAXIMUS physician reviewer noted that the patient underwent conservative treatment and was placed at maximum medical improvement with a 5% IR in 8/2004. The MAXIMUS physician reviewer indicated that the patient complained of minimal pain at this time and that the final diagnosis was cervicothoracic strain with MRI evidence of degenerative disc disease. The MAXIMUS physician reviewer explained that a review of the relevant medical literature found no evidence to support the use of a neuromuscular stimulator in the long-term treatment of soft-tissue neck and shoulder pain. The MAXIMUS physician reviewer also explained that while short-term (two –three months) use may provide some relief of subjective pain complaints, available studies do not demonstrate the efficacy with prolonged use. The MAXIMUS physician reviewer further explained that there is no peer-reviewed literature to support the use of the RS4i sequential stimulator for this patient's diagnosis. Therefore, the MAXIMUS physician consultant concluded that the requested purchase of an RS4i sequential 4 channel combination interferential and muscle stimulator is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

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)** days of your receipt of this decision. (20 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)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

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. (Commission Rule 133.308(t)(2)).

Sincerely,
MAXIMUS

State Appeals Department

cc: Texas Workers Compensation Commission

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 this 13th day of December 2004.

Signature of IRO Employee