

November 2, 2004

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

Patient:
TWCC #:
MDR Tracking #: M2-05-0374-01
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 x board certified and specialized in x. 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.

CLINICAL HISTORY

This patient has been treated by Dr. B for a neck problem. Unfortunately there is no clinical history or record of physical findings that accompanies this record. The reviewer was provided no history of injury and does not know the symptoms that the patient is having. Apparently an RS-4i sequential four-channel combination interferential muscle stimulator has been prescribed for this patient by the attending physician. This unit is apparently prescribed for the neck area. The carrier has denied the purchase for the unit. There are multiple pages of testimonial from the patient stating that the unit has been helpful. There is no other medial information given in regard to the patient's actual medical diagnosis or her actual present condition.

REQUESTED SERVICE

An RS-4i sequential four-channel combination interferential muscle stimulator is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is no history provided that describes why this patient is being treated and there is no description of the medical history of treatment and no description as to whether an injury has occurred to this patient. There is insufficient explanation of the benefits that the patient will get from this muscle stimulator. There is insufficient documented evidence that the worker has been able to decrease the use of pain medication and has objectively increased her range of motion as a result of this unit. There is no creditable evidence in orthopedic literature that establishes the effectiveness of electrical stimulation for the treatment of neck pain. The benefit for permanent use of the electrical stimulator has not been established and this unit is not felt to be within the standard of care for neck pain.

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 7th day of December, 2004.

Signature of Ziroc Representative:

Name of Ziroc Representative: