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NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 9, 2004

Requester/ Respondent Address:

TWCC
Attention: Gail Anderson
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

RS Medical
Attn: _____
Fax: 800-929-1930
Phone: 512-462-6875

TPCIGA for Petrosurance Casualty
Attn: _____
Fax: 512-418-8195
Phone: 512-345-9335

RE: Injured Worker:

MDR Tracking #: M2-05-0399-01
IRO Certificate #: 5242

Forté 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 Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté 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 an Anesthesiologist/Pain Management reviewer (who is board certified in Anesthesiology/Pain Management) 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 from Dr. V including notes from July 2004 through September 2004
- RS Medical prescriptions dated 6/24/04 and 8/26/04

Submitted by Respondent:

- Plain films of the lumbar spine dated 8/14/00
- Plain films of the lumbar spine dated 3/31/04
- Office notes from Dr. S dated 10/7/02, 3/26/03
- Office notes from Dr. V from November 2003 through August 2004, a total of 11 office notes
- Office notes from Dr. B of 2/4/04
- Office notes from Dr. T of 3/31/04
- Office notes from Dr. R of 9/18/02
- Emergency room notes of 1/2/03
- Operative notes from Dr. T of 5/6/04
- Bilateral L2 and L3 foraminal root blocks and removal of implanted bone growth stimulator
- Dispute letter from 11/16/04
- RS Medical dispute letter of 9/20/04
- RS Medical prescription of 8/26/04
- RS Medical price list and articles
- Authorization letter for CT/myelogram of 10/15/02
- Authorization letter for lumbar facet and sacroiliac joint injections of 11/7/02
- Authorization letter for removal of bone growth stimulator of 4/1/04
- Denial letter for RS4i muscle stimulator of 9/14/04 and 9/20/04

Clinical History

The claimant injured himself on _____. He is now status post multiple surgical procedures resulting in multilevel laminectomy and fusion. The claimant has continued pain complaints and is managed with oral medications as well as intrathecal infusion of Morphine, Mepivacaine and Clonidine.

Requested Service(s)

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

Decision

I agree with the insurance carrier and find that purchase of the above unit is not medically necessary.

Rationale/Basis for Decision

The prescription for the unit was originally written on 6/24/04. A purchase order was written on 8/26/04. In an evaluation note from 8/24/04, the claimant's visual analog scale score had decreased from a 7-8/10 down to a 5-6/10 with use of the unit, these scores do not coincide with others done over the same timeframe, and represent only a 25% reduction in pain which is not significant. There is documentation that the patient remained on the same medication regiment which indicates no benefit from the unit. There is also no documentation of objective findings of improved functioning. In reviewing further notes, the claimant's visual analog scale scores did not change over the timeframe of use of this treatment modality. In office visit notes in July and August the claimant's

visual analog scale score was rated 6/10 without use of the medications and 2/10 with use of the medications. This is unchanged from office visit dates prior to the initiation of use of the RS4i unit. In conclusion, there is no documented efficacy for purchase of this unit, in fact there is documentation that visual analog scale scores were not changed, medication usage was not changed and no objective improvement in function is found.

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.

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 9th day of December 2004.</p> <p>Signature of IRO Employee:</p> <p>Printed Name of IRO Employee:</p>
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