

December 27, 2004

Re: **MDR #:** M2-05-0415-01 **Injured Employee:**
 TWCC#:
 IRO Cert. #: 5055 **DOI:**
 SS#:

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission
Attention: Rosalinda Lopez
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
RS Medical
Attention: ____
(800) 929-1930

RESPONDENT:
Lowe's Companies, Inc. c/o Harris & Harris
Attention: ____
(512) 346-2539

TREATING DOCTOR:
Dr. F, M.D.
(903) 315-2783

Dear ____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Neurology and in Pain Management and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 December 27, 2004.

Sincerely,

Secretary & General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0415-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Letter of medical necessity
- Office notes 10/01/03 – 10/07/04
- Physical therapy notes 03/30/04 – 05/10/04
- EMG

Information provided by Respondent:

- Correspondence
- Physician review

Clinical History:

This claimant sustained a work-related injury on ___ resulting in acute nausea and some visual disturbance. No loss of consciousness. She has had ongoing follow-up, primarily for neck pain, and has been treated for a myofascial pain syndrome with repeated trigger point injections, medications including muscle relaxants, short-acting opioids, and anti-inflammatory medications, as well as a muscle stimulator device.

Disputed Services:

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

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that purchase of the RS4i muscle stimulator is not medically necessary in this case.

Rationale:

On review of records provided by the treating doctor, there is no clear documentation of any objective benefit from the use of this device for this claimant. The claimant continues to require ongoing frequent medical office visits and medications with no documentation provided that there has been a reduction in the use of medications or other medical services. There is no evidence provided to suggest that the use of this unit has enhanced her abilities to function with her work or with her activities of daily living, etc.