

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 30, 2004.

Sincerely,

Secretary & General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0458-01

Information Provided for Review:

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

Information provided by Requestor:

- Letter of medical necessity
- Office note 09/07/04
- Physical therapy notes 07/08/04 – 09/22/04

Information provided by Respondent:

- Correspondence

Clinical History:

The claimant sustained a work-related injury on ____, and has been receiving treatment for ongoing pain primarily in the cervical spine region, thought to be due in part to muscle spasm. In the limited documentation provided, the physician, the treating doctor has indicated that this claimant has had “excellent results in decreasing pain and muscles spasms, as well as improving overall muscle condition,” from the use of this unit. The claimant also has provided feedback that this unit has resulted in a reduction in experiencing muscle spasms from “most of the time” down to “a little of the time.” The claimant also indicates an improvement in the limitation in her movements, a reduction in interference with sleep, a reduction in the experience of pain, and a reduction in the reliance on pain medications from “all of the time” down to “some of the time.” The limitations that she had experienced on her physical activities has also been reduced, according to this claimant, since starting the use of this stimulation device.

Disputed Services:

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

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that purchase of an RS4i muscle stimulator as stated above is medically necessary in this case.

Rationale:

It appears that both the claimant and her treating physician have clearly documented benefit from the use of this device for this claimant, both in reduction of overall pain symptoms, and in reduction in usage of pain medications. There has also been a concomitant reduction in physical limitations and increased physical activity, as reported by the claimant. The reviewer finds no reason to believe that this information, provided both by the claimant and her treating physician, would be inaccurate. Therefore, the reviewer believes that the long-term use of this stimulator unit would be medically reasonable and necessary for indefinite use, for treatment of the chronic pain condition.