Medical Review Institute of America, Inc.
America's External Review Network

MRIoA

December 16, 2004

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0466-01 5278
CLIENT TRACKING NUMBER: M2-05-0466-01

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:

Records from TWCC
Notification of IRO assignment dated 12/3/04
TWCC IRO assignment dated 12/3/04
Medical dispute resolution request/response form dated 11/22/04
Table of disputed services
Letter from Texas Mutual Insurance Company to Rs Medical dated 9/30/04
Letter from Texas Mutual Insurance Company to Rs Medical dated 10/15/04

Records from Rs Medical
Letter from Robert Barton, DC to Texas Mutual dated 9/10/04

(continued)

Rs Medical prescription dated 7/23/04
Rs Medical prescription dated 9/10/04
SOAP notes from Fairmont Rehabilitation & Pain Management dated 8/11/04
Patient usage report dated 7/31/04 to 8/1/04

Summary of Treatment/Case History:
The patient has a chief complaint of lower lumbar spine pain and mid thoracic pain. On examination, the patient had decreased range of motion and thoracic and lumbar paravertebral tenderness. Her working diagnoses are displacement of a lumbar intervertebral disc without myelopathy, lumbar strain, facet syndrome and lumbago. The patient has undergone ultrasound applied to the muscles, deep tissue massage, high-volt galvanic current to improve the condition, joint mobilization and Russian electrical stimulation. At this time, from the notes, the patient is continuing this treatment. The patient has been using the muscle stimulator unit mentioned above. There is a letter by Dr. Burton, DC that looks like the normal form letter that is used by the RS Medical Company that is sent out for the physicians. The letter states that this is a TENS unit and to provide pain relief and treatment goals for muscle rehab.

Medical necessity of a proposed purchase of an RS-4i sequential 4-channel combination interferential and muscle stimulator unit regarding the above mentioned injured worker.

Questions for Review:
1. Please address prospective medical necessity of the proposed purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit regarding the above mentioned injured worker.

Explanation of Findings:
There is no mention in the notes of how the patient has done with the muscle stimulator unit. Reasons to purchase a stimulator are to allow the patient to return to work, to decrease pain while the muscle stimulator unit is turned off for hours afterwards, to allow the patient to sleep, and to decrease medications. There is no mention throughout the notes whether this has occurred, and no mention at all of muscle atrophy, which is one of the main reasons for the use of the muscle stimulator part.

Conclusion/Decision to Not Certify:
1. Please address prospective medical necessity of the proposed purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit regarding the above mentioned injured worker.
In summary, the reason for this not being a medical necessity is that there was no mention in the notes how this had helped or improved the patient's condition.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
Medicare/HICVA Guidelines
The Management of Pain, John J. Bonica, Third Edition, 2000
Pain Management, A Practical Guide for Clinicians, Fifth Edition, Richard S. Weiner

(continued)

The physician providing this review is board certified in anesthesiology and pain medicine. The reviewer has received additional certification from the American Academy of Pain Management. The reviewer has experience as a director of anesthesia, and pain management at hospital and sports clinic facilities. The reviewer has been in active practice since 1994.
MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and

clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc:
RS Medical
Texas Mutual Ins. Co.