

December 22, 2004

GAIL ANDERSON
TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0501-01
CLIENT TRACKING NUMBER: M2-05-0501-01/5278

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 Received from the State:

- Notification of IRO Assignment, dated 12/13/04 - 1 page
- Texas Workers' Compensation Commission Form, dated 12/13/04 - 4 pages
- Letter from Texas Mutual, dated 10/25/04 - 1 page
- Letter from Texas Mutual, dated 10/07/04 - 1 page

Records Received from the Provider

- Fax Transmittal Form, dated 12/17/04 - 1 page
- Follow-Up Notes, dated 08/12/04 - 1 page
- RS Medical Prescription, dated 08/12/04 - 1 page

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- Follow-Up Notes, dated 09/08/04 - 1 page
- RS Medical Prescription, dated 09/22/04 - 1 page
- Letter of Medical Necessity, dated 09/24/04 - 1 page
- Follow-Up Notes, dated 10/07/04 - 1 page
- Letter from RS Medical, dated 10/15/04 - 2 pages
- Patient Usage Report, dated 08/12/04-09/08/04 - 4 pages

Records Received from the Insurance Company:

- Case Summary, dated 12/15/04 - 1 page
- Letter from Texas Mutual, dated 10/07/04 - 1 page
- Letter from Texas Mutual, dated 10/25/04 - 1 page
- RS Medical Prescription, dated 09/22/04 - 1 page
- Follow-Up Notes, dated 09/08/04 - 1 page
- Letter of Medical Necessity, dated 09/24/04 - 1 page
- Information from RS Medical on the RS-4i Muscle Stimulator, dated 10/04/04 - 12 pages

Summary of Treatment/Case History:

There is no information submitted by Dr. Fino indicating treatment to date except current meds and use of the unit.

Questions for Review:

1. Please address prospective medical necessity of the proposed purchase of an RS4i sequential, 4-channel combination interferential & muscle stimulator regarding the mentioned injured worker.

Explanation of Findings:

Question 1: Please address prospective medical necessity of the proposed purchase of an RS4i sequential, 4-channel combination interferential & muscle stimulator regarding the mentioned injured worker.

Based on review of these records, there is no support for the purchase for this device and it is not reasonable or necessary. The TWCC Spine Treatment Guidelines indicate that reasonable use of passive modalities is appropriate for back strain in the primary level of care, from 0-8 weeks. Beyond that time, standard treatment will consist of progression from passive modalities such as RS-4i stimulators and proceeding to dynamic exercise based programs. Continued use of passive therapy is not supported by most clinical guidelines or treatment pathways (Deyo et al NEJM 1990 Vol 322, Philadelphia panel evidence- based clinical treatment guidelines, Physical Therapy 2001). Continued use of modalities is not superior to dynamic exercise lumbar stabilization program. Furthermore, there is no objective documentation of functional benefit found in the records to justify the purchase. There is no evidence of weaning from narcotics or muscle relaxants, no documentation of improved ROM or strength and no documentation of ability to return to work. Without objective measures indicating functional gain, the purchase for this device is not supported.

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Conclusion/Decision to Not Certify:

The authorization for purchase for RS-4i Muscle Stimulator Device is not recommended as medically necessary.

References Used in Support of Decision:

1. TWCC Spine Treatment Guideline 1995.
2. Herman et al Spine 1994 Vol 19.
3. Deyo et al NEJM 1990 Vol 322, Philadelphia panel evidence- based clinical treatment guidelines, Physical Therapy 2001.

The physician who performed this review is board certified in Physical Medicine & Rehabilitation and Pain Medicine. This reviewer is a member of the American Academy of Physical Medicine and Rehabilitation, The American Academy of Electrodiagnostic Medicine, the American Medical Association, the Texas Medical Association, the American Academy of Pain Medicine and the American Academy of Musculoskeletal Medicine. This reviewer has been in active practice since 1995. MRloA 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

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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 MRloA 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 MRloA 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 MRloA 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 MRloA 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 Insurance