January 28, 2005
January 13, 2005

**AMENDED REPORT**
**Revised decision**

| | | | |
|---|---|---|---|
| **Re:** | **MDR #:** | M2-05-0523-01 | **Injured Employee:** |
| | **TWCC#:** | | **DOI:** |
| | **IRO Cert. #:** | 5055 | **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:**
East Tex. Educational Ins. Assn. c/o Claims Administrative Services, Inc.
Attention: ___
(903) 509-1888

**TREATING DOCTOR:**
Dr. L, D.C.
(903) 509-2545

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. **Since the rendering a decision in this matter on 01/13/05, IRI has determined that pertinent medical records were inadvertently not considered at the time of initial review. Such records are itemized in section "Information reviewed subsequent to initial review"**.

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 Anesthesiology and 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 January 13, 2005.

Sincerely,

Secretary & General Counsel
GP/thh

**REVISED**
**REVIEWER'S REPORT**
**M2-05-0523-01**

**Information Provided for Review:**
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:
- Physical therapy notes 04/15/04 – 05/27/04

Information provided by Respondent:
- Correspondence
- Designated doctor exam

Information provided by Treating Doctor:
- Office notes 09/27/04 – 10/27/04

Information provided by Pain Mgmt. Specialist:
- Office notes 09/26/04 – 11/01/04

Information provided by Neurosurgeon:
- Office notes 06/01/04 – 10/14/04

**Information Reviewed Subsequent to Initial Review:**
**From Treating Doctor:**
- **Correspondence 07/29/04 09/13/04**
- **Letter of medical necessity 10/20/04**
- **Office note 09/13/04 and Rx 09/30/04**
- **Patient usage reports**
  **12/01/04**
  **11/04/04 – 11/29/04**
  **10/03/04 – 10/31/04**
  **09/14/04 – 09/26/04**

**Clinical History:**
This claimant sustained a work-related injury on ___ while lifting. She has had various imaging studies as well as a cervical fusion surgery, and has been treated with medications as well, such as short-acting narcotics, muscle relaxants, and a muscle stimulator unit. She has also been seen in a pain management program and has been treated with spinal V-DAC and physical therapy.

**Additional materials have been reviewed, specifically including notes from the treating doctor regarding the benefit that the use of the RS medical stimulator device has provided to the claimant. These additional records do appear to indicate that the claimant has benefited from the use of this device, and that it has allowed her to increase her functional ability by way of decreasing the muscle spasms, especially during flare-ups. It appears that the use of this device allows her some symptomatic relief without the need to increase her oral medications.**

**Disputed Services:**
Purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator.

**Decision:**
The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the RS4i is not medically necessary in this case.

**Rationale:**
**Upon review of the additional materials and information, the reviewer feels that there is enough documentation to suggest that the long-term use of this muscle stimulator device is medically necessary and reasonable for this claimant.**