

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date.....2/22/05
Injured Employee.....
MDR #.....M2-05-0580-01
TWCC#.....
MCMC Certification #..5294

DETERMINATION: Approved

REQUESTED SERVICE: Please review the item in dispute to address the prospective medical necessity of the proposed purchase of a RS4i sequential 4 channel combination interferential and muscle stimulator unit, regarding the above mentioned injured worker.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 12/30/04, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The proposed purchase of a RS4i sequential 4-channel combination interferential and muscle stimulator is medically necessary.

This decision is based on:

- TWCC Notification of IRO Assignment dated 12/30/04
- TWCC MR-117 12/30/04
- TWCC-60 stamped received 12/13/04
- Cambridge Integrated Services Group, Inc: Results of Reconsideration dated 11/10/04; Non Certification of Service/Procedure dated 10/29/04;
- Elias Benharnou, MD: Follow-up Evaluation dated 3/5/04, Office Notes dated 4/30/04; letter re: RS4i stimulator dated 10/21/04
- RS Medical Rx dated 8/26/04, 10/26/04; Patient Usage Report
- Mike Little, PA: Office note dated 10/21/04
- ____: Letter re: use of the RS4i stimulator dated 11/19/04

The injured individual is a 48-year-old male who sustained gunshot injuries to both lower extremities in a ____ injury and has chronic nerve pain, atrophy, and remains under pain management. Clinical documentation is provided concerning the use and benefit of the device.

The patient has chronic lower leg and foot pain secondary to nerve damage from gunshot wounds. The clinical information provided documents significant decrease in pain medication usage and decrease in pain scale during the period of trial usage of the

RS4i device. Compliance and proper usage is well documented. Peripheral nerve stimulation is of documented benefit in the relevant literature cited below in regards to chronic leg pain of various etiologies.

REFERENCES:

1. Schon LC, et.al., "Complex salvage procedures for severe lower extremity nerve pain" Clin Orthop. 2001 Oct; (391):171-180.
2. Novak CB and Mackinnon SE, "Outcome following implantation of a peripheral nerve stimulator in patients with chronic nerve pain." Plast Reconstr Surg 2000 May; 105(6): 1967-72.
3. Eisenberg E, et.al., "Long-term peripheral nerve stimulation for painful nerve injuries." Clin J Pain 2004 May-June; 20(3): 143-6.
4. Hamza MA, et.al., "Percutaneous electrical nerve stimulation: a novel analgesic therapy for diabetic neuropathic pain." Diabetes Care 2000 Mar; 23(3): 365-70.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5)).

The reviewing provider is a **Boarded Orthopedic Surgeon** and certifies that no known conflict of interest exists between the reviewing **Orthopedic Surgeon** and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

Your Right to Request A Hearing

Either party to this medical dispute may disagree with all or part of the 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 10 (ten) days or your receipt of this decision (28Tex.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 **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), 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 this
__22nd__ day of __February__ 2005.

Signature of IRO Employee: _____
Printed Name of IRO Employee: _____