

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

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP/thh

REVIEWER'S REPORT M2-05-0604-01

Information Provided for Review:

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

Information provided by Requestor:

- Letter of medical necessity
- Physical therapy notes 06/30/04 – 08/26/04

Information provided by Respondent:

- Correspondence
- Designated doctor review

Information provided by Treating Doctor:

- Office notes 06/22/04 – 09/10/04
- Physical therapy notes 07/07/04 – 08/17/04
- Radiology reports 06/29/04 – 08/04/04

Information provided by Neurosurgeon:

- Office notes 11/15/04

Information provided by Pain Management Specialist:

- Office note 07/07/04
- Procedure notes 08/16/04 – 09/14/04

Clinical History:

The injured worker sustained a work-related injury on ____, resulting in a persistent low back pain condition and a radicular component as well. He has undergone conservative treatment attempts, including medications, physical therapy, epidural steroid injections, and a neurosurgical consultation as well. Additionally, he has used a muscle stimulator device that has been effective in reducing his pain levels, thereby reducing his usage of analgesics and muscle relaxers, as well as increasing physical abilities. This is documented in multiple notes on different occasions by the treating doctor.

Disputed Services:

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

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the RS4i sequential four-channel combination interferential and muscle stimulator unit is medically necessary in this case.

Rationale:

It is clear from the documentation provided that the claimant has benefited from the use of this electrical device. Not only has it helped in reducing pain in the low back, presumably from muscle spasms, but this has also led to a reduction in the usage of medication such as ibuprofen and Flexeril, increased ability to sleep, increased ability to ambulate, and facilitation in the rehabilitation program as well. There is no reason to doubt the benefits, as reported. Therefore, the reviewer believes it would be medically reasonable and necessary for this claimant to continue with using this device long term, for continued symptomatic relief.