

March 31, 2005

Mr. Joe Basham  
RS Medical  
P.O. Box 872650  
Vancouver, WA 98687-2650

VIA FACSIMILE  
Royal Indemnity Company  
Attn: Tom Lang

### NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-05-0639-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: RS Medical**  
**Respondent: Royal Indemnity Company**  
**MAXIMUS Case #: TW05-0007**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurology and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns a male who sustained a work related injury on \_\_\_\_\_. The patient reported that while at work he injured his lower back. The current diagnoses for this patient include lumbago. Treatment for this patient's condition has included physical therapy, pain medications, epidural steroid injections, and the use of an RS4i sequential stimulator. The purchase of the RS4i sequential stimulator has been recommended for continued treatment of this patient's condition.

### Requested Services

Purchase of an RS4i sequential 4 channel combination interferential and muscle stimulator unit.

### Documents and/or information used by the reviewer to reach a decision:

#### *Documents Submitted by Requestor:*

1. Chart Note 8/23/04
2. RS Medical Prescription 9/8/04, 11/2/04
3. Letter of Medical Necessity 10/22/04

#### *Documents Submitted by Respondent:*

1. No Documents Submitted

### Decision

The Carrier's denial of authorization for the requested services is upheld.

### Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a male who sustained a work related injury to his back on \_\_\_\_\_. The MAXIMUS physician reviewer also noted that the current diagnosis for this patient include lumbago and that treatment for this condition has included physical therapy, pain medications, epidural steroid injections, and the use of an RS4i sequential stimulator. The MAXIMUS physician reviewer further noted that as of 8/04 surgery was planned for this patient and that the RS4i was requested for postoperative symptoms. The MAXIMUS physician reviewer explained that the documentation provided did not contain a complete medical history/physical. The MAXIMUS physician reviewer also explained that the documentation provided did not contain any results of the planned surgery and that there was no evidence provided demonstrating that the use of the RS4i sequential stimulator for this patient's condition, leads to long term improvement. Therefore, the MAXIMUS physician consultant concluded that the requested purchase of an RS4i sequential 4 channel combination interferential and muscle stimulator unit is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

### **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 of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

**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. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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/Appeals Clerk  
P.O. Box 17787  
Austin, TX 78744

Fax: 512-804-4011

**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. (Commission Rule 133.308(t)(2)).

Sincerely,

**MAXIMUS**

Elizabeth McDonald  
State Appeals Department

cc: Texas Workers Compensation Commission

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 31st day of March, 2005.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department