

March 8, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0892-01

CLIENT TRACKING NUMBER: M2-05-0892-01 / 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 2/24/05, 5 pages

Letter from Liberty Mutual dated 12/15/04, 1 page

Letter from Liberty Mutual dated 12/8/04, 1 page

Records Received from Liberty Mutual:

Fax coversheet from Utilization Management dated 2/28/05, 1 page

Letter from Texas Workers' Compensation Commission dated 1/27/05, 1 page

Letter from Texas Workers' Compensation Commission dated 2/24/05, 1 page

Letter from Liberty Mutual dated 2/1/05, 1 page

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Letter from Dr. Shirley dated 12/8/04, 2 pages
Letter from Dr. Winans dated 12/15/04, 2 pages
Request for authorization from RS Medical dated 11/19/04, 1 page
Journal entries dated 1/15/04 through 11/9/04, 7 pagea
RS Medical rental/purchase agreement dated 9/13/04, 1 page
RS Medical prescription dated 11/4/04, 1 page
Letter from Dr. Hassell dated 11/16/04. 1 page
Letter from Dr. Hassell dated 11/16/04, 1 page
Premarket notification indications for use, undated, 1 page
Request for authorization, undated, 1 page
RS-4i Sequential Stimulator information © 2002, 2 pages
RS-4i price list, undated, 1 page
Letter from Dr. Shirley dated 12/8/04, 2 pages
RS Medical appeal fax coversheet dated 12/9/04, 1 page
RS Medical prescription dated 11/4/04, 1 page
RS Medical rental/purchase agreement dated 9/13/04, 1 page
RS-4i Sequential Stimulator information © 2002, 2 pages
RS-4i price list, undated, 1 page
Second request for authorization, undated, 1 page
Patient usage reports dated 9/14/04 through 10/14/04, 4 pages
Letter from Dr. Hassell dated 11/16/04, 1 page
Letter from Dr. Hassell dated 11/16/04, 1 page
Letter from RS Medical dated 12/9/04, 2 pages
Letter from Dr. Winans dated 12/15/04, 2 pages
Medical dispute resolution request/response form, date stamp for receipt from requestor 1/25/05, 3 pages
Letter from Liberty Mutual dated 12/15/04, 1 page
Letter from Liberty Mutual dated 12/8/04, 1 page

Records Received from RS Medical:

Fax transmittal form from RS Medical dated 3/3/05, 1 page
Prospective review (M2) information request letter from MRIOA dated 2/25/05, 1 page
RS Medical prescription dated 9/13/04, 1 page
RS Medical prescription dated 11/4/04, 1 page
Letter from Dr. Hassell dated 11/16/04, 1 page
Letter from Dr. Hassell dated 11/16/04, 1 page
Patient usage reports dated 9/14/04 through 10/14/04, 4 pages

Summary of Treatment/Case History:

The patient is a 35-year-old male who was injured on _____. Minimal physician generated medical records were submitted; however, journal entries were supplied. According to a journal entry, a lumbar MRI done on 1/12/04 revealed early disc desiccation at L2-3 with slight anterior bulging of the disc. There was focal disc protrusion/herniation along the far right posterolateral disc margin with some stenosis of the right L2 neural foramen. There was disc desiccation at L4-5 with mild bulging of the disc. Mild asymmetrical protrusion of the disc was present along the far left posterolateral disc (continued)

margin, and there were changes consistent with an annular tear. Disc desiccation was noted at L5-S1 with mild bulging of the disc. A journal entry indicated that the patient had a discogram done on 8/23/04 which showed Grade IV degenerative changes with a suspected radial tear eccentric to the left and Grade V degenerative change at L5-S1. Finally, a journal entry indicated that the patient had a lumbar myelogram/CT scan done on 9/20/04 which showed a diffuse pattern at L5-S1 and a less diffuse, more central pattern at L4-5. An RS-4i sequential 4 channel combination interferential and muscle stimulator has been requested, denied and appealed.

Questions for Review:

Is the purchase of an RS-4i sequential 4-channel combination interferential and muscle stimulator medically necessary?

Explanation of Findings:

The request for the RS-4i stimulator is not medically necessary. Although Dr. Hassell has documented that the patient is using this device and has responded positively, there are no long-term studies supporting interferential stimulators. There is no long-term proof that these devices decrease pain and spasm, increase range of motion and functionality, or decrease the use of medication. Therefore, in the absence of this literature, the requested device is not medically necessary.

Conclusion/Decision to Not Certify:

The request for the RS-4i stimulator is not medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

ACOEM guidelines, Chapter 12, page 300

This physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, their state Orthopaedic Society, the Eastern Orthopaedic Society, their state Medical Society, and is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer was part of the National Association of Disability Evaluating Professionals and was the Orthopaedic Advisor of a National Football League team. The reviewer has been in active practice since 1994.

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.

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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

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 MRIOA 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 MRIOA 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 MRIOA 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 MRIOA 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
Liberty Mutual Fire Insurance Company