March 14, 2005

Re:	**MDR #:**	M2-05-0937-01	**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: Joe Basham
(800) 929-1930

RESPONDENT:
American Protective Ins.
Attention: Robert Josey
(512) 346-2539

TREATING DOCTOR:
Fernando Avila, M.D.
(210) 223-6685

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.

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 Neurology and Pain Medicine 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

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT
M2-05-0937-01

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:

- Correspondence
- Physical therapy notes 09/16/04 – 11/27/04

Information provided by Respondent:

- Correspondence

Information provided by Treating Doctor:

- Office notes 04/28/04 – 02/03/05

Clinical History:
The claimant sustained a work-related injury on ___, which resulted in chronic low back pain and spasm as well as some shoulder pain. She has been treated with medications as well as a stimulator device, which has allowed her to reduce her usage of pain medications and has also decreased her pain levels, muscle spasms, and has increased mobility. This has been mentioned by her treating physician, as well as the claimant, in providing feedback about the device.

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 purchase of an RS4i sequential four-channel combination interferential and muscle stimulator unit is medically necessary in this case.

Rationale:
It is clear from the records that both the treating physician and the injured worker have noted significant benefits from the use of this device, including reduction in pain symptoms and muscle spasms, increased mobility, as well as a reduction in the usage of pain medications. There is nothing in the records to indicate that these accounts by both the treating physician and the patient would be inaccurate or false. As the use of this device has been well tolerated by this claimant, and due to the various measures indicating benefit to this patient, long-term/indefinite use of this device would be appropriate and medically reasonable for this claimant.