

April 4, 2005

Re: **MDR #:** M2-05-1000-01 **Injured Employee:**
 TWCC#:
 IRO Cert. #: 5055 **DOI:**
 SS#:

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission

Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:

RS Medical
Attention: Joe Basham
(800) 929-1930

RESPONDENT:

American Home Assurance Co. c/o FOL
Attention: Kelly Pinson
(512) 867-1733

TREATING DOCTOR:

David Singleton, M.D.
(281) 537-9299

Dear Mr. ____:

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 April 4, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT M2-05-1000-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor & Treating Doctor:
Prescription
Patient letter

Information provided by Respondent:

Correspondence
Summary of position
CMS criteria
Relevant IRO decisions

Information provided by Surgeon:

Office notes 09/13/04 – 02/15/05
Operative report 08/06/04

Clinical History:

This claimant sustained a work-related injury on ____, which has resulted in a chronic low back pain condition, which has been attempted to be treated with physical therapy, as well as pain medications, and the use of a muscle stimulator device. The claimant has clearly indicated several benefits from the use of this device, which has allowed the claimant to better engage in physical therapy and exercises, as well as other activities at home, etc. The claimant reports that there is clear-cut pain relief with the use of the device for which he is quite grateful. Dr. Singleton indicates that the use of this device has allowed this claimant to reduce his pain medications, and to increase his muscle activity levels, with a decrease in pain levels and muscle spasms.

Disputed Services:

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

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that purchase of the muscle stimulator as described above is medically necessary in this case.

Rationale:

It is clear from the claimant as well as his treating physician that the use of this muscle stimulator device has resulted in significant benefits to this claimant's chronic back pain condition, both subjectively and objectively. The use of this device has allowed this claimant to reduce his pain medications, and to increase his muscle activity levels. There is nothing in the records to indicate that there are any adverse effects from the use of this device, nor is there any evidence in the records to indicate that the claimant or the treating physician are exaggerating or falsely indicating the benefits. Therefore, I feel this claimant would be an appropriate candidate for long-term use of this device, and that it is medically necessary.