



Specialty Independent Review Organization, Inc.

April 8, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-1144-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurological Surgery. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This gentleman was injured at work on ___ when he fell down a few steps and injured his neck, low back and right shoulder. Treatment was instituted and the gentleman has had a workup which has included a CT scan with myelogram. This showed evidence of spondylosis and foraminal stenosis at the C5-C6 level. He has pain radiating from his neck into his arms, hand and upper back. The pain in his hands is described as burning.

He has been treated with extensive conservative measures including physical therapy, medication management, acupuncture and other pain management techniques. None of these resulted in significant relief of his symptoms. He was able to undergo a trial with an RS Medical electrical stimulation unit. Based on the review of the records it does appear that that helped the discomfort he was experiencing. This is documented in a note from the treating physician, a

letter from the patient himself and based on documentation provided from the RS medical company itself. I also refer specifically to a note from January 18, 2005 from the Bethesda therapy center. This specifically relates that the patient described receiving "great pain relief" from this unit.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of an RS4i sequential 4 channel combination interferential and muscle stimulator.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that based on review of this gentleman's medical records a permanent RS medical stimulation unit would be appropriate and useful for ongoing treatment of this gentleman's back and neck problems. Further treatment of this gentleman is going to involve conservative management of his pain syndrome. The documentation provided from RS Medical does show that this device can be useful. Patients with chronic neck and back problems an electrical stimulation unit can provide a very helpful alternative to other treatment and medication uses.

References:

Combined Neuromuscular Electrical Stimulation and Transcutaneous Electrical Nerve Stimulation for Treatment of Chronic Back Pain. Arch Phys Med Rehab, Vol 78, 1997. This article shows that electrical stimulation devices result in diminished pain intensity and improvement in VAS-I scores in patients who were treated for chronic back pain.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,
Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 11th day of April 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli