



Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

May 2, 2005

Requestor

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

Respondent

Sentry Insurance Company
ATTN: Robert Josey
Fax#: (512) 346-2539

RE: Injured Worker:
MDR Tracking #: M2-05-1240-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 51 year-old male injured his back on ___ in a work related event. He has been diagnosed with lumbago and has been using the RS4i Sequential Stimulator 4-channel combination Interferential and Muscle Stimulator Unit since 07/22/04. He reports decreased pain and muscle spasms with its use.

Requested Service(s)

RS4i Sequential Stimulator 4-channel combination Interferential and Muscle Stimulator Unit

Decision

It is determined that there is no medical necessity for the RS4i Sequential Stimulator 4-channel combination Interferential and Muscle Stimulator Unit

Rationale/Basis for Decision

Interferential muscle stimulation has been shown to relieve chronic pain, reduce muscle spasm, prevent disuse muscle atrophy, increase local blood circulation, and help increase ranges of motion. According to the *Journal of Pain*, a peer-reviewed scientific journal focused on issues related to pain, including clinical and basic research, patient care, education, and health policy, the efficacy of this treatment modality is supported.

However, in this case there is no documentation from the treating doctor, such as examination findings or daily treatment notes for review. It is unknown what treatments have already been tried, what objective functional improvements were (or were not) achieved with the previous usage of this device and what other treatments might still be beneficial at this point before necessitating the purchase of this device. Therefore, based on the information provided, the RS4i Sequential Stimulator 4-channel combination Interferential and Muscle Stimulator Unit is not medically necessary to treat this patient's condition.

This decision by the IRO 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) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

cc: Injured Worker
Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 2nd day of May 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: