

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 May 9, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

REVIEWER'S REPORT M2-05-1407-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information from Requestor:

Correspondence

Office notes 10/04/04 – 03/29/05

Physical therapy notes 12/07/04 – 02/14/05

Information from Respondent:

Correspondence

Clinical History:

This male claimant sustained a work-related injury on ___ due to exposure to high voltage, resulting in a complex regional pain syndrome and causalgia with diffuse body pain and arthralgias as well as myalgias and known cubital tunnel syndrome. He has been treated with spinal cord stimulation as well as medications, physical therapy, etc. He has also undergone a trial with a muscle stimulator device with documentation by multiple observers that this claimant has benefited from this device.

Disputed Services:

Purchase of 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 stated above is medically necessary in this case.

Rationale:

From the records provided, it appears that this claimant has clearly benefited from the use of this device with specific mention being made that there has been a decrease in his pain levels, reduced use of his medications for pain, and he was able to increase his muscle activity as well as strength. Mention is made that the stimulator has not only benefited this patient in relieving pain but also reducing certain therapy and drug costs, as mentioned by the treating doctor in a progress note dated 01/24/05. The claimant himself has handwritten a lengthy note in protest to the stimulator having been denied. There is nothing in the medical records to indicate that the benefits that have been mentioned have been exaggerated or are untrue. There is no evidence to suggest that he is suffering from any adverse effects from the use of this device. Therefore, the reviewer believes it would be perfectly reasonable and medically necessary for this claimant to continue usage of this device long term in the manner in which it has been prescribed.