

June 30, 2005

VIA FACSIMILE
Mr. Joe Basham
RS Medical

VIA FACSIMILE
Ms. Barbara Sachse
Twin City Fire Ins. Co.

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-1749-01
TWCC #:
Injured Employee:
Requestor: RS Medical
Respondent: Twin City Fire Ins. Co.
MAXIMUS Case #: TW05-0115

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in anesthesiology and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 64 year-old female who sustained a work related injury to her back on _____. The patient reported continued back and bilateral lower extremity pain. The diagnoses for this patient include lumbar post laminectomy syndrome. She has been treated with medications including Darvocet, Celebrex, Neurontin, Flexeril and Trazodone. She was also treated with a trial of the RS4i stimulator and reported decreased pain, decreased muscle spasms and increased functional ability. Purchase of a RS4i stimulator has been recommended for treatment of her condition.

Requested Services

Purchase of a RS4i muscle stimulator.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Office visit note dated 9/28/04, 10/2/04, and 3/4/05
2. RS Medical Prescriptions dated 9/28/04 and 3/4/05
3. Letters of Medical Necessity dated 10/5/04 and 3/4/05

Documents Submitted by Respondent:

1. Appeal letter submitted by the manufacturer of the requested device, dated 3/24/05
2. Office visit note dated 9/28/04, 10/2/04, and 3/4/05
3. RS Medical Prescriptions dated 9/28/04 and 3/4/05
4. Letters of Medical Necessity dated 10/5/04 and 3/4/05
5. Information about the requested device submitted by the manufacturer

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a 64 year-old female who sustained a work related injury to her lower back on _____. The MAXIMUS physician reviewer also noted that her diagnoses to date include post laminectomy syndrome and depression. The MAXIMUS physician reviewer indicated that this patient has been treated by a pain management specialist. The MAXIMUS physician reviewer also indicated that she has received treatment with facet joint injections and medications including Darvocet, Vicodin, Neurontin, Flexeril and Trazadone. The MAXIMUS physician reviewer noted that the patient had a trial of an RS4i stimulator and reported an improvement in her condition. However, the MAXIMUS physician reviewer explained that there are no randomized clinical trials reported in the medical and scientific literature that support the use of the RS4i stimulator for treatment of chronic back pain. The MAXIMUS physician reviewer also explained that there is no evidence that this patient has participated in a multidisciplinary chronic pain management program. Therefore, the MAXIMUS physician consultant concluded that the requested RS4i muscle stimulator is not medically necessary to treat this patient's condition at this time.

This decision 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)** days of your receipt of this decision. (20 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)** 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/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

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. (Commission Rule 133.308(t)(2)).

Sincerely,

MAXIMUS

Lisa K. Maguire, Esq.
Project Manager, State Appeals

cc: Texas Workers Compensation Commission

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 30th day of June 2005.

Signature of IRO Employee: _____
External Appeals Department