



Specialty Independent Review Organization, Inc.

July 19, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1983-01
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 Neurosurgery. 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 is a 57-year-old gentleman who was injured on _____. He apparently had lumbar spine surgery related to this injury. The current treating physician is caring for him because of symptoms of low back pain as well as intermittent left lower extremity pain. He has taken anti-inflammatory medications, Neurontin and pain medications to control the pain. He has also had physical therapy. He has recently had a trial with an RS medical stimulator that based on the review of the chart is felt to have been effective by his treating physician.

The only examination documented on the patient is that he has an antalgic gait using a cane favoring the left side. Lumbar ROM is pain limited. Straight leg raises marginally positive on the left side. The report of an imaging study read by the treating physician documents evidence of a hemilaminectomy at L5 with some left sided foraminal stenosis.

REQUESTED SERVICE

The requested service is an RS4i muscle stimulator unit.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer indicates they have reviewed the entirety of medical records provided by the parties to the claim. There is no documentation of the patient's usage as well as his assessment of its usefulness of treating his symptoms. There is a letter included from the patient to the insurance company in which he documents his suboptimal use of the equipment but does report that when used properly it has helped his pain.

Based upon the review of records, it does appear that this gentleman has benefited from the use of this RS4i medical stimulator. It does appear that all other conservative measures have been exhausted and that this is an appropriate next treatment. The use of the RS medical stimulator has been shown effective in treatment of patient's with chronic back pain. The reviewer wishes to specifically identify the article, Combined Neuromuscular Electrical Stimulation and Transcutaneous Electrical Nerve Stimulation for Treatment of Chronic Back Pain. Arch Phys Med Rehab, Vol 78, 1977. The reviewer states this article documented that electrical stimulation devices resulted in diminished pain intensity and improvement in the VAS scores in patients who were treated for chronic lower back pain. This would support the use of the electrical stimulation unit in the treatment of this patient's chronic back pain. The reviewer again states, based upon the review of this gentleman's medical records a permanent RS medical stimulation unit would be appropriate and useful for ongoing treatment of his 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 19th day of July 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli