

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	08/23/2005 (amended 08/23/2005)
Injured Employee:	
Address:	
MDR #:	M2-05-2009-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Preauthorization for purchase of a RS4I muscle stimulator.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 08/23/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial of the purchase of the RS4I stimulator.

CLINICAL HISTORY:

The injured individual is a 69 year old female with date of injury ___ in which she fractured her left hip. She had an open reduction and internal fixation (ORIF) and then required a lumbar surgery in 02/1999. She was prescribed the RS4I stimulator in 02/2005 and used it sufficiently for the first few months, but her usage has tapered off to about 50% at this point. The unit is meant to be used multiple times a day which is not the case here so purchase is not warranted. The literature also does not support purchase.

RATIONALE:

The injured individual is a 69-year-old female who sustained a left hip fracture as her Worker's Compensation (WC) injury. This led to open reduction and internal fixation (ORIF) of the hip and a later lumbar fusion. The injured individual has had physical therapy (PT) and epidural steroid injections (ESIs) with no relief. Bone scan showed a chronic L5/S1 spondylolisthesis. She has a 15% impairment rating. She received the RS4I stimulator in 02/2005. Usage reports indicate she used it 12/28 days in 02/2005, 28/31 days in 03/2005, 22/30 days in 04/2005, but only 16/31 days in 05/2005. Not only does it appear that the injured individual is using the unit

less and less frequently, but the literature does not support its efficacy. The RS4I is considered an unproven unit.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 06/27/05
- MR-117 dated 06/17/05
- TWCC-60
- MCMC llc: IRO Medical Dispute Resolution Prospective dated 07/12/05
- Texas Association of School Boards: Report dated 07/01/05
- MCMC llc: IRO Acknowledgement and Invoice Notification Letter dated 06/27/05
- Letter from Lois Dittmeyer dated 05/30/05
- RS Medical: Patient Usage Report completed 05/23/05, 04/29/05, 04/13/05, 03/31/05, 02/28/05, 01/31/05
- Texas Association of School Boards, Inc: Reports dated 05/12/05, 04/14/05
- Texas Association of School Boards, Inc: Pre-Authorization Decision and Rationale dated 05/12/05, 04/14/05
- RS Medical: Formal Request for Reconsideration dated 05/03/05
- RS Medical Prescription: Report dated 03/28/05, 01/27/05
- Mary Burgesser, MD: Letter dated 03/01/05
- Mary Burgesser, MD: Progress Note dated 03/01/05
- Mary Burgesser, MD: Follow-up Exam dated 01/27/05
- Mary Burgesser: New Patient Evaluation dated 10/25/04
- Howard Berg, MD: Progress notes dated 02/27/01, 12/05/00, 07/15/99, 05/25/99, 03/25/99, 02/16/99,
- Pampa Physical Therapy: S.O.A.P. Notes from Jodi Roden, PT dated 03/29/00, 01/31/00
- Baptist Community Rehabilitation Services: Report dated 03/24/00
- Howard Berg, MD: Letters dated 08/12/99, 02/22/99, 12/10/98, 10/13/98
- BSA: Patient Results radiology reports dated 08/09/99
- Handwritten doctor's notes dated 03/04/99 and 03/03/99
- Baptist St. Anthony's: Procedure Note dated 02/22/99
- Earl Smith, MD: Report dated 01/20/99
- James Rogers, MD: Letter dated 12/15/98
- Panhandle Physical Medicine: Reports from Grace Stringfellow, MD dated 09/12/98, 01/09/97
- Open Air MRI of Amarillo: MRI of the lumbar spine dated 08/31/98
- Aaron Combs, MD: Report dated 08/03/98
- Neil Veggeberg, MD: Follow-up Examination dated 05/07/98, 04/09/98, 03/11/98
- TWCC-69 dated 03/12/98
- TCM Services, Inc: Report from Tracy Cook-Pizzi, RN dated 02/18/98
- Texas Diagnostic Imaging Center: CT of the lumbar spine dated 02/02/98, lumbar myelogram dated 02/02/98
- Advanced Pain Center: Advanced Pain Management Clinic Procedure dated 01/15/98
- Report of Medical Evaluation dated 01/12/98

- TWCC-61 dated 09/03/97
- James Rodgers, MD: Progress notes dated 08/04/97 through 10/26/99
- Premarket Notification: Indications For Use (undated)
- RS Medical: Request for Authorization (undated)
- Article on RS-4i Sequential Stimulator
- RS Medical: Price List for RS-4I Four Channel Muscle/Interferential Stimulator

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing Pain Management/Anesthesiologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

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 or your receipt of this decision (28Tex.Admin. Code 142.5©.)

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 (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should 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 the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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

23rd day of August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____