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NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 29, 2005

Requester/ Respondent Address: TWCC
Attention: Gloria Covarrubias
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

RS Medical/Edward J. Brandecker, MD/V. Viola
Attn: Joe Basham
Fax: 800-929-1930
Phone: 800-462-6875

Texas Mutual Ins Co
Attn: LaTreace E. Giles
Fax: 512-224-7094
Phone: 512-224-7961

RE: Injured Worker:
MDR Tracking #: M2-05-2126-01
IRO Certificate #: IRO 5263

Forté 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 Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté 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 Physical Medical & Rehabilitation reviewer (who is board certified in Physical Medical & Rehabilitation) who has an ADL certification. The physician reviewer 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 for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Correspondence letter from R.S. Medical 8/15/05
- Notice of IRO assignment and prepayment invoice
- R.S. Medical prescription 2/17/05
- Spine Abilene-A regional spine center of excellence Physician Assistant progress note by Vince Viola, PAC: 4/29/05, 5/5/05 and 5/31/05
- Letter of Medical Necessity by Vince Viola, PA-C 5/5/05
- R.S. Medical – Patient usage report February, March, April and up to May 15, 2005

Submitted by Respondent:

- Texas Mutual Insurance Company cover letter with regard to records for IRO review and check transmittal 8/18/05
- Texas Mutual Insurance Company cover letter by LaTreace E. Giles, R.N.- Senior Medical Dispute Analyst 8/18/05
- Orthopedic office notes from Spine Abilene from 1/20/05-6/30/05
- Non-contrast/contrast lumbar MRI scan report 2/11/05
- R.S. Medical prescription 2/17/05, and 5/5/05
- Texas Mutual Insurance Company Utilization Review Reports 5/13/05 and 5/26/05

Clinical History

This 52 year old male sustained an occupational lower back lifting injury of ____, with associated right lower extremity radicular pain. He came under the care of Spine Abilene as of 1/20/05. He has a prior history of a successful 1987 laminectomy/diskectomy at L5-S1, secondary to a work related lower back injury. He underwent a subsequent non-contrast/contrast lumbar MRI scan, 2/11/05, at Radiology Associates (Abilene), demonstrating an L5-S1 right sided hemilaminectomy with post operative changes. There is a small 5mm disc fragment adjacent to right S1 nerve root, and abutting the right S1 nerve root. There is also scar tissue surrounding the right S1 nerve root. The claimant was prescribed conservative measures. This included medication management and physical therapy. He was also prescribed an RS4i interferential and muscle stimulator, however, as of the 2/17/05 orthopedic follow up visit at Spine Abilene, the claimant reportedly derived “minimal relief” with the RS4i stimulator. The claimant underwent right S1 transforaminal epidural steroid injections by Dr. Brandecker on 3/7/05, 3/21/05 and 4/4/05. As of the orthopedic follow up visit of 4/29/05, the claimant is reportedly significantly improved and is capable of lifting 25-50 pounds on a repetitive basis. As of that date, “He denies any right lower extremity discomfort.”

Requested Service(s)

Pre-authorization request for purchase of RS-4i interferential and muscle stimulator

Decision

I agree with the insurance carrier that the pre-authorization request for the purchase of the RS4i interferential and muscle stimulator is not medically necessary or reasonable.

Rationale/Basis for Decision

Based upon the submitted records and documentation reviewed, the RS4i interferential and muscle stimulator has not demonstrated a documented objective therapeutic benefit to the claimant in order to medically justify this request. Review of the scientific medical literature does not support use of muscle stimulators for management of chronic back pain of greater than 6 weeks. Furthermore, the orthopedic progress note of 2/17/05 indicates only minimal symptomatic relief with the use of the RS4i interferential and muscle stimulator.

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 a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
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 other party involved in this 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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 29th day of August 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder