

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

September 16, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-05-2189-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 8.12.05.
- Faxed request for provider records made on 8.13.05.
- The case was assigned to a reviewer on 9.2.05.
- The reviewer rendered a determination on 9.15.05.
- The Notice of Determination was sent on 9.16.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity for the proposed purchase of an RS4 sequential 4-channel interferential and muscle stimulator.

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **overturn the denial** on the requested service(s).

Summary of Clinical History

This is a case of an injured worker whose date of injury occurred in _____. After the severe injury, she was seen by a neurosurgeon and was found to have multi-level disease and was not felt to be a good candidate for multi-level fusion due to significant loss of mobility. Therefore, she has been treated conservatively with injections and a stimulator. She had a spinal cord stimulator that functioned from 2001-2004. It ceased to function and has been removed and other modes of treatment have been requested and denied by the carrier.

Clinical Rationale

The patient received and has utilized an RS muscle stimulator and interferential for pain control. Physician and patient records indicate that the stimulator does achieve pain control and allows her to remain functional in her home and daily life and avoid other treatments that have been attempted and denied.

This individual has a clear-cut definition of chronic pain. Only chronic pain patients would be allowed to have implantable spinal cord stimulators. That stimulator was implanted directly for the use of pain management as a result of this work-related injury. Unfortunately, these stimulators do have failures and hers has failed. Therefore, her ongoing complaints of pain in large part must be considered as a result of the 1991 injury and chronic pain syndrome. Therefore, the use of an RS4 muscle stimulator and interferential stimulator has been reportedly clinically effective in controlling her pain. Both by patient reports and physician reports, it would be reasonable and prudent, and certainly medically necessary, to provide control of her chronic pain. This device seems to effectively achieve that in her particular situation.

Therefore, the previous denial based on “not needing to build muscle” and “no evidence of muscle atrophy” is really not an issue at hand and is not an appropriate reason for denial of this device. As a chronic pain management physician, I am familiar with the use of this and similar devices. In certain circumstances such as those addressed above, this is an appropriate and accepted standard of treatment.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to TWCC, Medical Dispute Resolution department, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 16th day of September, 2005. Per Commission Rule 102.5(d), the date received is deemed to be 5 (five) days from the date mailed and the first working day after the date this Decision was placed in the carrier representative's box.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: RS Medical/ Dr. Alo
Attn: Joe Basham
Fax: 800.929.1930

Insurance Company of N. America/Downs&Stanford
Attn: Javier Gonzalez
Fax: 512.394.1412

[Claimant]