

November 11, 2005  
October 25, 2005

VIA FACSIMILE:  
RS Medical  
Attention: Jose Basham

VIA FACSIMILE:  
Pacific Employers Insurance Company  
Attention: Javier Gonzales

### **AMENDED NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-05-2269-01**  
**TWCC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: RS Medical**  
**Respondent: Pacific Employers Insurance Company**  
**MAXIMUS Case #: TW05-0182**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Division of Texas Worker's Compensation (DWC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. DWC 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 who is board certified in orthopedic surgery on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or has been approved as an exception to the ADL requirement. A certification was signed that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO, was signed. 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 male who sustained a work related injury on \_\_\_\_\_. Diagnoses have included lumbosacral neuritis and lumbosacral disc displacement. Treatment has included use of an RS4i muscle stimulator.

## **Requested Services**

Purchase of an RS4i muscle stimulator

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

### *Documents Submitted by Requestor:*

1. RS Medical Prescription – 3/28/05, 5/27/05
2. Letter of Medical Necessity – 5/18/05
3. Letter from Injured Employee – undated
4. RS Medical Patient Usage Report – 3/28/05-7/9/05

### *Documents Submitted by Respondent:*

1. Reconsideration Recommendations/Decisions – 6/8/05, 6/28/05

## **Decision**

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

## **Standard of Review**

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

## **Rationale/Basis for Decision**

The MAXIMUS physician consultant indicated the effectiveness of the requested RS4i muscle stimulation for the treatment of lumbosacral disc displacement and/or lumbosacral neuritis has not been established in the peer-reviewed medical literature. The MAXIMUS physician consultant noted there is no class I data or supporting literature to support the use of the RS4i sequential four-channel combination interferential and muscle stimulator for low back pain. (Textbook of Spinal Surgery. Treatment of lumbar disc displacement. Bradwell KH. Lippencott Publishers)

Therefore, the MAXIMUS physician consultant concluded that the requested purchase of an RS4i muscle stimulator unit is not medically necessary for treatment of this patient's condition.

## **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.

Sincerely,  
**MAXIMUS**

Lisa Gebbie, MS, RN  
State Appeals Department

cc: Texas Workers Compensation Commission

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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 25th day of October 2005.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department