



7600 Chevy Chase, Suite 400
Austin, Texas 78752
Phone: (512) 371-8100
Fax: (800) 580-3123

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 30, 2004

Requester/ Respondent Address:

TWCC

7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

RS Medical
Fax: 800-929-1930
Phone: 800-462-6875

Ace American Ins Co
Attn: _____
Fax: 512-394-1412
Phone: 512-394-1442

RE: Injured Worker:

MDR Tracking #: M2-05-0500-01

IRO Certificate #: 5242

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 chiropractic reviewer, 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:

- 9/14/04 Daily progress notes from Dr. C, DC dated 9/14/04, 9/27/04, 9/30/04 and 10/13/04
- RS Medical prescription dated 6/16/04 and 9/27/04

Submitted by Respondent:

- Notice of IRO assignment
- Independent Medical Exam report from Dr. M, M.D. dated 8/9/04, (page 3 of the report was missing from the documentation)
- Chiropractic peer review report dated 7/23/04 from Dr. T, BS, DC
- Impairment rating report from Dr. R, D.O. dated 11/11/04
- Dr. R saw the claimant for pain medication management also

Clinical History

According to the documentation provided for review the claimant was using a rock grinder at work with _____ and developed upper and low back pain. The initial complaints were rather severe and he even made an emergency room visit. The claimant seemed to demonstrate no past medical history of back problems and he had been working for _____ for about 3 years. The claimant was about 39 years of age at the time of the incident. The MRI reportedly revealed no evidence of herniation and nerve root compression. The documentation suggested to me that this is mostly myofascial type of overstrain injury that has resolved on its own without the need for further physician directed treatment especially when taking into account the impairment rating report from Dr. R, D.O., dated 11/11/04. The claimant was given 5% whole body impairment rating based on DRE lumbosacral Category II impairment. The only residual complaints as of November 2004 appear to be some occasional tingling in the right thigh without evidence of nerve root tension and there was no mention curiously enough of ongoing low back pain subjectively.

Requested Service(s)

The prospective medical necessity of the proposed purchase of a RS-4i Sequential, 4 channel combination interferential and muscle stimulator.

Decision

I agree with the carrier and find that the service or unit is not medically necessary.

Rationale/Basis for Decision

The documentation provided does not support permanent use of the interferential/muscle stimulator combination unit. It was stated in the chiropractic documentation that the claimant had undergone a successful trial of use of the unit; however, the impairment rating report of 11/11/04 indicated that the claimant's condition was well on its way to recovery and resolution. There is no mention in the impairment rating report of the claimant using the unit at all in the report, or of any mention of the unit at all in that report. It was well documented in the MMI report from Dr. R that the claimant's condition was well on its way to resolution and he was eager to return to work. The statements regarding the benefit of the unit ignore the fact that traditional manual therapy was of benefit and also ignores the natural history of the injury. In other words, it cannot be determined which was more beneficial for the claimant. There is also no indication from the documentation that the claimant has any ongoing sequelae that would

require permanent use of the unit. There is no evidence that his condition is chronic. The documentation suggests that this claimant's injury has resolved with a reasonable amount of physician directed care and work hardening and he was eager to return to work and appeared to have a minimal amount of impairment. I saw no evidence of significant losses of range of motion especially that of extension. The chiropractor mentioned that the claimant had some facet mediated problems; however, the claimant's lumbar extension appeared to be full at least at the time of the impairment rating report from Dr. R. There was simply no documentation to suggest that the unit would be of ongoing benefit for the claimant since his condition appears to have resolved subjectively and objectively.

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 30th day of December 2004.

Signature of IRO Employee:

Printed Name of IRO Employee: