

November 2, 2005

VIA FACSIMILE
RS Medical
Attention: Joe Basham

VIA FACSIMILE
Zurich American Insurance Company/F.O.L.
Attention: Katie Foster

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0043-01
DWC #:
Injured Employee: ____
Requestor: RS Medical
Respondent: Zurich American Insurance Company/F.O.L.
MAXIMUS Case #: TW05-0204

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308 which allows for a dispute resolution by an IRO.

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 on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This physician is board certified in neurosurgery. 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 _____. The member reported that the machine is to help with his back and leg problems caused by muscle and nerve damage from surgery. He noted that before trying the machine, he was in constant pain and could not sleep at night. Treatment for his condition has included surgery. Diagnoses have included low back pain and muscle spasms.

Requested Services

Purchase of a RS-4I sequential, 4-channel combination interferential and muscle stimulator.

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

Documents Submitted by Requestor:

1. Patient History – not dated
2. RS Medical Prescription – 4/7/05, 6/6/05
3. Letter of Medical Necessity – 6/13/05
4. Progress/Follow-up Notes – 6/23/05
5. Letter from Injured Worker – not dated
6. RS Medical Patient Usage Reports – 4/7/05-9/7/05
7. Carrier's Position Statements – 9/22/05, 10/3/05
8. Non-Authorization Notices – 7/18/05, 7/27/05

Documents Submitted by Respondent:

1. RS Medical Prescription – 6/6/05,
2. Non-Authorization Notice – 7/18/05, 7/27/05
3. Carrier's Position Statement – 9/22/05

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 that despite widespread clinical use, the efficacy of the requested RS-4I sequential, 4-channel combination interferential and muscle stimulator has not been established. The MAXIMUS physician consultant noted there are no blinded controlled studies that have shown benefit from this device when compared with other therapeutic modalities.

Therefore, the MAXIMUS physician consultant concluded that the requested RS-4I sequential, 4-channel combination interferential and muscle stimulator is not medically necessary for treatment of the member's condition.

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. 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. The Division is not considered a party to the appeal.

Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department

cc: Division of Workers Compensation

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 2nd day of November 2005.

Signature of IRO Employee: _____
External Appeals Department