

October 6, 2005

VIA FACSIMILE:
RS Medical
Attention: Jose Basham

VIA FACSIMILE:
Transportation Insurance Company
Attention: Deborah Wormack

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0044-01
TWCC #: _____
Injured Employee: _____
Requestor: RS Medical
Respondent: Transportation Insurance Company
MAXIMUS Case #: TW05-0203

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC 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 on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. 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 include cervicgia, lumbago and chronic low back pain. Treatment has included injections, medications, home exercise program and surgery. The purchase of an RS4i sequential stimulator has been recommended for further treatment of this patient's condition.

Requested Services

Purchase of an RS4i sequential four-channel combination interferential and muscle stimulator unit.

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

Documents Submitted by Requestor:

1. Progress Notes – 6/27/05
2. RS Medical Prescriptions – 4/18/05, 6/27/05
3. Letter of Medical Necessity – 6/27/05
4. RS Medical Patient Usage Report – 4/18/05-8/10/05

Documents Submitted by Respondent:

1. Denial Notifications – 7/20/05
2. Progress Notes – 1/15/98-4/15/05
3. RS Medical Rental/Purchase Agreement – 4/18/05
4. RS Medical Prescriptions – 4/18/05, 5/10/05, 6/27/05

Decision

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

Rationale/Basis for Decision

The MAXIMUS physician consultant indicated this patient has chronic pain since 1994 from a work related injury. 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. The MAXIMUS physician consultant explained the member has already had multiple treatment modalities with little success. The MAXIMUS physician consultant noted that while the member may report initial temporary relief in pain with this device, the chance for long-term success is unlikely.

Therefore, the MAXIMUS physician consultant concluded that the requested purchase of an RS4i sequential four-channel combination interferential and 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 6th day of October 2005.

Signature of IRO Employee: _____
External Appeals Department