November 16, 2005

[Claimant]

Re:	**MDR #:**	M2-06-0125-01	**Injured Employee:**	___
	DWC #:	___	**DOI:**	___
	IRO Cert. #:	5055	**SS#:**	___

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation
Attention: Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
R.S. Medical
Attention: Joe Basham
Fax: (800) 929-1930

RESPONDENT:
Amerisure Mutual Ins Co
Attention: Roy Brien
Fax: (800) 531-9483

TREATING DOCTOR:
Robert Bulger, MD
Fax: (214) 265-1457

Dear Mr. ___:

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Pain Management and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

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 November 16, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT
M2-06-0125-01

Information Provided for Review:
DWC-60, Table of Disputed Services, EOB's
From Requestor:
- Correspondence
- Office Notes 06/27/01 – 09/09/05
- PT Notes 05/05/05 – 09/14/05
- Functional Capacity Eval 04/22/05
- Procedure Notes 06/27/01 – 11/18/04
- Radiology 05/16/01 – 01/04/05

From Respondent:
- Correspondence
- Designated Review

Spine:
- Office Notes 03/26/01 – 08/16/05

Clinical History:
The patient is an approximately 43-year-old male with a history of lower back pain and a chronic radiculopathy that seems to be causing this.

Disputed Services:
Purchase of a RS-4i sequential 4-channel combination interferential and muscle stimulator.

Decision:
The reviewer disagrees with the determination of the insurance carrier and is of the opinion the services in dispute as listed above are medically necessary in this case.

Rationale:
It was previously stated that there was no objective evidence that the RS-4i Sequential 4-channel Combination Interferential and Muscle Stimulator was of any benefit. To the contrary, the records that are included in this review do indicate that the patient was benefiting from continued use of the RS-4i. The fact that the patient remained on the same narcotic medications without a change in usage is not totally relevant in this situation. If the medications were not effective and in combination with the RS-4i they became more effective does not necessarily necessitate a decrease in the dosage. A change in usage of the medications is not an indication of whether or not the RS-4i stimulator is working. I certainly would recommend that the patient not be on short-acting agents in this case in that he is likely to develop a tolerance, and his medications are likely to increase in dosage despite the fact that his situation is not really changing on a physical basis. The medical literature does support the use of the stimulators. The statement that there was beneficial effect continuing for 4 months after this study was not the purpose of the study. This kind of situation can occur, although it does not occur routinely. This type of stimulator should be continued in its usage despite this statement in the literature. I myself have used the RS-4i stimulator as well as several of my associates, and we are convinced that it has an effectiveness and gives the patient a measure of self-esteem and control in their own care. This can be very beneficial in the chronic pain patient. I would suggest that this patient be allowed to have the RS-4i stimulator.