

NOTICE OF INDEPENDENT REVIEW DECISION

Bridgepoint I, Suite 300
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March 22, 2006

Requestor

RS Medical
ATTN: Joe Basham
P.O. Box 872650
Vancouver, WA 98687-2650

Respondent

SORM
ATTN: Jennifer Dawson
P.O. Box 13777
Austin, TX 78711

RE: Claim #:
Injured Worker:
MDR Tracking #: M2-06-0815-01
IRO Certificate #: IRO4326

TMF Health Quality Institute (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) has assigned the above referenced case to TMF for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 TMF physician reviewer who is board certified in Anesthesiology, by the American Board of Anesthesiology, Inc., licensed by the Texas State Board of Medical Examiners (TSBME) in 1989, and who provides health care to injured workers. This is the same specialty as the treating physician. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and the provider, 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. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ___ when she was lifting laundry bags to put them in a laundry dumpster. This resulted in injuries to her neck, left shoulder, and middle and lower back. She has a negative MRI of cervical and lumbar spine and a negative EMS/NCV. Treatment has included an extensive work-up, medication, physical therapy, and injections.

Requested Service(s)

Purchase of an RS4i muscle stimulator

Decision

It is determined that Purchase of an RS4i muscle stimulator is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has been diagnosed with strain of the cervical and lumbar spine and the right shoulder. All of the patient's work ups have been negative for pathology. Examinations have revealed give away weakness, morbid obesity, and severe deconditioning. These symptoms would normally have resolved within 2-4 months. The patient has undergone work hardening, extensive physical therapy with modalities and numerous medications trials without success. Given all of her history and the multiple failures of previous treatment attempts, it is unlikely that she would obtain long-term benefit from the use of a muscle stimulator. In addition, the medical record documentation does not substantiate the necessity for treating the effects of strains for almost 7 years without other pathology.

This decision by the IRO 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.

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 hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

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The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm
Attachment

cc: Injured Worker
Program Administrator, Medical Review Division, DWC

In accordance with Division Rule 102.4 (h), 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 21st day of March 2006.

Signature of IRO Employee:

Printed Name of IRO Employee:

Information Submitted to TMF for Review

Patient Name:

Tracking #: M2-06-0815-01

Information Submitted by Requestor:

- Prescription
- Follow up visit
- Letter of medical necessity
- Letter from patient

Information Submitted by Respondent:

- Table of disputed services
- Report of injury
- MRI report
- Functional capacity examination
- MRI report of cervical spine
- Physician's release to return to work
- Patient History
- TWCC-61
- Clinic notes
- Physical Therapy Evaluation
- Physical Therapy Notes
- Work Hardening Program notes
- Nerve conduction study
- Consultation
- Physician Progress Notes
- Procedure reports
- Required medical examination
- Designated doctor evaluation
- Impairment rating
- Medical record review
- Decision notices
- Prescriptions
- Follow up visits
- Product information on RS-4i stimulator