



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1580-01
NAME OF REQUESTOR: RS Medical
NAME OF PROVIDER: Jacob Rosenstein, M.D.
REVIEWED BY: Board Certified in Neurology
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 07/12/06

Dear RS Medical:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed 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.

This case was reviewed by a physician reviewer who is Board Certified in the area of Neurology and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known

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conflicts of interest that exist between him 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 Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

Evaluations with Jacob Rosenstein, M.D. dated 11/21/05, 12/09/05, and 02/03/06

RS Medical prescription forms signed by Dr. Rosenstein dated 12/16/05 and 02/06/06

RS Medical patient usage reports dated 12/16/05, 12/17/05, 12/18/05, 12/19/05, 12/20/05, 12/21/05, 12/23/05, 12/27/05, 12/29/05, 12/30/05, 12/31/05, 01/01/06, 01/02/06, 01/03/06, 01/04/06, 01/09/06, 01/12/06, 01/14/06, 01/15/06, 01/16/06, 01/18/06, 01/19/06, 01/21/06, 01/22/06, 01/27/06, 01/28/06, 01/29/06, 01/30/06, 02/02/06, 02/03/06, 02/05/06, 02/06/06, 02/07/06, 02/08/06, 02/09/06, 02/13/06, 02/14/06, 02/15/06, 02/16/06, 02/17/06, 02/18/06, 02/19/06, 02/20/06, 02/25/06, 02/28/06, 03/06/06, 03/07/06, 03/08/06, 03/17/06, 03/18/06, 03/19/06, 03/20/06, 03/22/06, 03/23/06, 03/25/06, 03/26/06, 03/27/06, 03/28/06, 03/29/06, 03/30/06, 03/31/06, 04/01/06, 04/02/06, 04/03/06, 04/04/06, 04/05/06, 04/06/06, 04/08/06, 04/09/06, 04/10/06, 04/11/06, 04/14/06, 04/15/06, 04/16/06, 04/18/06, 04/19/06, 04/20/06, 04/22/06, 04/23/06, 04/24/06, 04/29/06, 04/30/06, 05/01/06, 05/02/06, 05/03/06, 05/08/06, 05/09/06, 05/13/06, 05/14/06, 05/15/06, 05/16/06, 05/17/06, 05/18/06, 05/19/06, 05/20/06, 05/21/06, and 05/22/06

A letter of medical necessity for the RS-4i sequential stimulator from Dr. Rosenstein dated 03/29/06

A request for authorization from Stephanie Witt, N.T., S.T. at RS Medical dated 04/07/06

A peer review/case report from dated 04/10/06 from Leela Rangaswamy, M.D.

A notice of non-authorization from Kelly Henry, Utilization Review Nurse, at Liberty Mutual dated 04/12/06

Another peer review/case report dated 04/21/06 from Paul Scoles, M.D.

A letter of denial from Ms. Henry at Liberty Mutual dated 04/26/06

A letter written by the patient dated 05/09/06

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Clinical History Summarized:

On 11/21/05, Dr. Rosenstein recommended an increase in Lyrica and a lumbar hardware block and Rozeran was prescribed. Dr. Rosenstein referred the claimant to RS Medical for an evaluation for a sequential muscle stimulator. On 12/16/05, RS Medical provided a prescription form for an RS-4i sequential stimulator and low back conductive garment. RS Medical provided patient usage reports for the patient from 12/16/05 through 05/22/06. The patient informed Dr. Rosenstein on 02/03/06 the sequential stimulator allowed him to use less medication and sleep better. He was also in less pain. Dr. Rosenstein recommended purchasing the unit. On 02/06/06, RS Medical provided another prescription from the RS-4i sequential stimulator. On 03/29/06, Dr. Rosenstein addressed a letter of medical necessity, requesting that the stimulator be purchased for the claimant. A request for authorization from RS Medical was available for review dated 04/07/06 for the purchase of the RS-4i stimulator and supplies. On 04/10/06, Dr. Rangaswamy recommended denial of the muscle stimulator. A letter of non-authorization from Liberty Mutual, denying the muscle stimulator was available dated 04/12/06. Dr. Scoles also denied the muscle stimulator on 04/21/06. Liberty Mutual provided another non-authorization notice for the muscle stimulator on 04/26/06. A letter from the claimant was available dated 05/09/06; however, it was essentially illegible.

Disputed Services:

Purchase of an RS-4i muscle stimulator

Decision:

I disagree with the requestor. The purchase of an RS-4i muscle stimulator is neither reasonable nor necessary.

Rationale/Basis for Decision:

The claimant has had a back injury with two lumbar surgeries and fusion from L4 to S1. There was no peer reviewed scientific literature supporting the use of an RS-4i muscle stimulator for relief of chronic back pain. I agree with the references given by Dr. Scoles on his report in April of this year, finding no long term benefit objectively for chronic back pain.

There is one paper in the medical literature by J.A. Glacier et. al. in The Journal of Pain that was published in 2001. This stated the effects of an inferential stimulator are time limited; that is

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they cease being effective after a short time. This claimant has a chronic pain syndrome that will unlikely be altered by the use of the inferential stimulator. There was no medical or scientific justification for its use. Therefore, the purchase of an RS-4i muscle stimulator would be neither reasonable nor necessary as related to the original injury.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

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

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I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the claimant via facsimile or U.S. Postal Service this day of 07/12/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel