


INDEPENDENT REVIEW INCORPORATED

August 1, 2006

Re: MDR #: M2 06 1641 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

RESPONDENT: ZC Insurance Company/ITT Hartford

REQUESTOR: RS Medical

TREATING DOCTOR: Robert Henderson, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this 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 office manager 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 orthopedic surgery and is currently listed on the DWC Approved Doctor List.

**P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)**

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 August 1, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager



**REVIEWER'S REPORT
M2 06 1641 01**

Information Provided for Review:

1. DWC assignment
2. MDR request
3. Table of Disputed Services
4. SRS denial letters
5. RS medical prescription
6. Office notes from Dallas Spine Care, Dr. Robert Henderson
7. Carrier's records

Clinical History:

The claimant under question has undergone lumbar spine surgery requiring eventual hardware removal with resection of a significant amount of epidural scar tissue and operation for stenosis. Postoperatively the patient was given a muscle stimulator with interpharyngeal current of both muscle stimulation and pain control. The patient both objectively and subjectively reported improvement in her sitting tolerance as well as decrease in her pain and decreased use of narcotics with this RS-4i stimulator.

Disputed Services:

Purchase of RS-4i Sequential 4-channel Combination Interferential and Muscle Stimulator has been denied as medically unnecessary by the insurance carrier.

Decision:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

Rationale:

The review of the medical records is a major rationale and basis for this decision. In the medical records, the patient has written a personal letter describing the benefit from this unit. Because of the patient's complex failed spine surgery syndrome history, purchase of this unit would be indicated to decrease long-term dependence on narcotic pain

medication and to provide long-term symptomatic relief for this patient. This patient will probably never rid herself of leg and back pain, and this unit will improve her quality of life.

Guidelines/Literature Used:

Peer review journals and spine and pain management literature have demonstrated the benefit of interferential and muscle stimulation in the treatment of chronic back conditions.