



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1753-01
Social Security #: XXX-XX-_____
Treating Provider: Jacob Rosenstein, MD
Review: Chart
State: TX
Date Completed: 9/7/06

Review Data:

- Notification of IRO Assignment dated 7/31/06, 1 page.
- Receipt of Request dated 7/31/06, 7/11/06, 2 pages.
- Medical Dispute Resolution Request/Response dated 7/11/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Letter dated 7/21/06, 6/1/06, 5/26/06, 5/19/06, 4/25/06, 7 pages.
- Organization Fee Request dated 8/15/06, 1 page.
- Statement of Medical Necessity dated 4/25/06, 3/3/06, 2 pages.
- Fax Cover Sheet dated 7/21/06, 5/24/06, 2 pages.
- Authorization Request dated 5/23/06, 5/16/06, 2 pages.
- Cover Sheet dated 4/27/06, 1 page.
- Follow-up Visit dated 3/3/06, 2/17/06, 2 pages.
- Purchase Agreement dated 3/3/06, 1 page.
- Pre-Authorization Form dated 5/31/06, 5/17/06, 2 pages.
- Daily Notes dated 5/18/06, 1 page.
- Email (date unspecified), 1 page.
- Invoice Inquiry Summary (date unspecified), 1 page.

Reason for Assignment by TDI: Determine the appropriateness of the previously denied request for the purchase of an RS4i muscle stimulator.

Determination: UPHELD - Previously denied request for the purchase of a RS4i muscle stimulator.

Rationale:

Patient's age: 44 years
Gender: Male
Date of Injury: _____
Mechanism of Injury: Not provided for this review.

Diagnoses: Chronic cervical radiculopathy.
Bilateral occipital neuritis recurrent.
Spondylosis at C3-4 and C4-5 w/bulge at C4-5.
Status-post C5-6 and C6-7 anterior cervical discectomy.
Recurrent trapezial trigger points.

The claimant was status-post anterior cervical discectomy and fusion at C5-6 and C6-7, no date provided. The office note provided for review noted limited cervical range of motion and mild to moderate spasms in the upper trapezial area. There was a request for an evaluation/trial of the sequential muscle stimulator. A letter by Dr. Rosenstein, dated 4/25/06, documented that the claimant received excellent results in decreasing pain, muscle spasms and improving muscle condition. A denial for indefinite use of the stimulator was received on 5/26/06. Based upon review of the medical records, the purchase of an RS4i muscle stimulator is not recommended as being medically necessary. While there is some evidence in medical literature that this type of device may be of benefit in the acute stages of injury, but there are no peer reviewed, scientific studies that prove the sequential muscle stimulator unequivocally relieves pain, improves function or leads to overall better clinical outcomes. In addition, standardized protocol for the use of a sequential muscle stimulator has yet to be developed. Therefore, in the absence of these long-term studies, the requested RS-4i unit cannot be recommended.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
Orthopedic Sports Medicine Principles and Practices, 2003, 2nd edition, By DeLee and Drez, Chapter 8.

Physician Reviewers Specialty: Orthopedic Surgery

Physician Reviewers Qualifications: PA licensed M.D.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider 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 the decision before the referral to CompPartners, Inc.

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

CORPORATE OFFICE
18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
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Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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, requestor, claimant and the Division via facsimile or U.S.

Postal Service from the office of the IRO on this day of September 7, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

Lee-Anne Strang

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