

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1133-01
Name of Patient:	
Name of URA/Payer:	Texas Association of School Boards
Name of Provider: (ER, Hospital, or Other Facility)	R S Medical
Name of Physician: (Treating or Requesting)	David Magnan, DC

March 29, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: R S Medical
David Magnan, DC
Texas Workers Compensation Commission

RE:

CLINICAL HISTORY

Available documentation received and included for review consists of records from multiple providers including: David Magnan, DC, RS. Medical, work hardening / multidisciplinary pain program notes, Thomas Dilger, M.D., Louis Patino, DC, Timothy Chowdhury, MD, Kip Owen, MD, Guadalupe Davila, MD, Harry Butters MD. Norma Schrell, DO.

____, a 56-year-old female sustained a work-related injury on ____ while working as a custodian for Harlingen ISD. While repetitively buffing wax floors, she developed a progressive onset of midback and shoulder pain. There is also indication that she attempted to stand up from a flexed position and developed immediate back pain. She saw a number of different providers and was treated with medication and physical therapy with only temporary relief. She underwent his bone scan on 11/29/02 which showed some increase uptake in the lower ribs on the left, suggestive of trauma. MRI on 12/11/02 revealed subligamentous central posterior disc herniation (3 mm) at T8/T9 and a posterior bulging of the disc at T10/T11 level. She continued with a variety of difference providers including pain management, chiropractic care, physical therapy, work conditioning/hardening and a pain management program. She had epidural steroid injections and an intercostal nerve block performed on 1/12/04 without any relief. Diagnostic impression was a thoracic disc herniation at T8/T9 with radiculopathy.

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She was placed at MMI on 8/27/05 by a designated doctor (Dilger, MD) with a 13% whole person impairment comprised off thoracolumbar DRE. category II with range of motion loss contribution from both shoulders.

A prescription for an interferential / muscle stimulator purchase was written by Dr. Magnan on 10/19/04. He previously prescribed the stimulator for rental purposes and felt that there was significant improvement response in the patient's condition to recommend the purchase of the unit. The records include a handwritten note from the patient, outlining how much she feels it has helped her.

This has been denied for payment based on medical necessity and is thus referred for medical dispute resolution purposes through the IRO process.

REQUESTED SERVICE(S)

Purchase of an RS4i Sequential 4-channel combination interferential and muscle stimulator.

DECISION

Approved. There is establishment of medical necessity for the purchase of an interferential / muscle stimulator for this patient.

RATIONALE/BASIS FOR DECISION

It appears that the patient is at a stationary clinical platform with residuals, having failed multiple interventions. The patient has tried numerous forms of intervention including pain management with psychological counseling. The documentation does demonstrate that the patient continues with a pain level of between 6-7/10, with continued clinical evidence of muscle tenderness, hypertonicity of the thoracic and shoulder areas. A trial of care has been documented with a rental period, and this form of therapy has been employed with success in the patient's care regime in that it has provided for some pain relief and impact to improve her activities of daily living.

As such, it satisfies the standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits):

'an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.'

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

References:

- Hansen DT: Topics in Clinical Chiropractic, 1994, volume one, No. 4, December 1994, pp. 1-8 with the article "Back to Basics: Determining how much care to give and reporting patient progress".
- Haldeman S., Chapman-Smith D, Peterson DM., eds. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen: Giathersburg, MD, 1993;
- Souza T: Differential Diagnosis for a Chiropractor: Protocols and Algorithms, 1997; chapter 1, pp. 3-25.
- Liebenson C. Commentary: Rehabilitation and chiropractic practice. JMPT 1996; 19(2):134140

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission 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 29th day of March, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell