

**DATE OF REVIEW: 3/19/07****IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Preauthorization for TENS rental (one month).

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a practicing chiropractor on the external review panel who is familiar with the condition and treatment options at issue in this appeal.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

<i>Primary Diag Code</i>	<i>Service Being Denied</i>	<i>Billing Mod</i>	<i>Type Review</i>	<i>Units</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold/Overturned</i>
722.00	L0631		prospective	1		N/A			Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for Independent Review by an Independent Review Organization forms – 3/7/07
2. Determination Notices – 1/30/07, 2/12/07
3. Records and Correspondence – 1/30/07-2/12/07
4. Records and Correspondence – 1/2/07-3/15/07

5. Records and Correspondence – 1/9/07
6. TENS Unit Literature
7. Texas Department of Insurance Division of Workers Compensation Decision and Order – 9/13/06
8. Records and Correspondence from MD – 4/19/06
9. Records and Correspondence from DC – 12/16/05
10. Records and Correspondence – 12/22/05
11. MRI Reports – 11/16/05 11/17/05

### **PATIENT CLINICAL HISTORY:**

This case concerns an adult female who sustained a work related injury. Records indicate that while working as a teacher's aide, she got tangled in a child's blanket while walking causing her to trip in a twisted position injuring her spine and right knee, foot and ankle. Diagnoses have included cervical and lumbar intervertebral disc displacement, sprain/strain knee, ankle, neck, thoracic and lumbar sprain, and contusion of knee. Evaluation and treatment for this injury has included physical therapy, injections, surgery, CT scans, and medications.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The patient has had a lot of therapy and treatment in addition to surgery for her knee. She still has a chronic pain pattern. The Transcutaneous Electrical Nerve Stimulator (TENS) unit is primarily designed for chronic pain patterns and is not used for just acute pain. The use and effectiveness of treatment with TENS is widely recognized. In this case, the use of a TENS unit may help the patient reduce her dependency on medications as well as therapy. A one month trial of TENS is medically indicated to determine if she has a subjectively noticeable decrease in her pain level. The idea is to get the patient to be self sufficient while maintaining a normal lifestyle and returning her to work.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**  
**(JASKOVIK, SCHAFER. APPLIED PHYSIOTHERAPY, SECOND EDITION, 1993.)**