

# US Decisions, Inc.

*An Independent Review Organization*

71 Court Street

(512) 782-4560 (phone)

(207) 470-1085 (fax)

## Notice of Independent Review Decision

**DATE OF REVIEW: AUGUST 14, 2008**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Purchase of TENS unit as related to the cervical and lumbar spine

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

MD, Board Certified Orthopedic Surgeon

### **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.

The reviewer finds that medical necessity does not exist for purchase of TENS unit as related to the cervical and lumbar spine.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 7/10/08, 6/13/08

ODG Guidelines and Treatment Guidelines

D.R. , MD, 6/5/08, 6/9/08, 6/16/08, 11/29/07, 5/7/07, 9/18/06, 6/26/06, 1/9/06, 10/3/05, 6/6/05, 2/28/05, 12/3/04, 11/2/04, 8/16/04, 5/17/04, 5/3/04, 1/6/04, 12/20/02, 3/9/04, 7/8/08

, MD, 8/2/04, 9/27/04

Operative Report, 8/2/04

., MD, 6/22/05  
, DO, 9/13/05  
, Inc., 9/27/05  
, 2/15/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an injured worker was xx years old at the time of injury in xxxx. Records show that she was a at a school and was hit from behind in an automobile while on the way to a school event. She developed neck pain, shoulder pain, and some arm weakness. Various investigations have shown that she has some possible discogenic pain in the lumbar area with multiple bulging discs with degeneration in the cervical area with an EMG-documented C7 radiculopathy based upon the medical records. Current request is for the purchase of TENS unit. Previous reviewers have failed to accept the medical necessity at this time for that particular treatment.

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

Based upon the ODG Treatment Guidelines, the use of TENS unit is found by review of the evidence-based literature to be no more effective than a placebo. While there are some studies indicating that the TENS unit may be of some use in the acute period or within the first 30 days post surgical procedure, the overall medical evidence does not support the use of a TENS unit, particularly in a chronic pain situation. It is for this reason that the previous adverse determination is upheld. Furthermore, the ODG Guidelines for purchase of a TENS unit recommend that there be documentation of its benefit. This information is typically obtained through the use of a rental unit for the first 30 days. This evidence is not available in the medical record. Hence, once again, it is for a combination of these factors that the previous adverse determination of medical necessity has been upheld. The reviewer finds that medical necessity does not exist for purchase of TENS unit as related to the cervical and lumbar spine.

**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)