

SENT VIA EMAIL OR FAX ON
Apr/06/2009

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

Amended 4/16/09—Date on page two

Amended 4/15/09

Date of Notice of Decision: Apr/06/2009

DATE OF REVIEW:

Apr/06/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

TENS unit purchase

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letter 1/15/09 and 2/16/09

Dr. 11/27/07, 12/17/2007, 02/19/2008, 03/26/2008, 04/10/2008, 04/15/2008, 05/05/2008, 05/29/2008, 06/18/2008, 06/26/2008, 06/27/2008, 07/09/2008, 08/08/2008, 08/29/2008, 09/22/2008, 10/09/2008, 10/20/2008, 12/04/2008, 01/13/2009, 01/29/2009, 2/02/09

Radiology Reports 11/2/07, 04/11/2008, 06/12/2008, 08/04/2008, 8/11/2008, 10/7/08

Surgical Pathology Report 1/29/09

Medical Center 8/11/08 and 8/13/08

PT note 02/03/2009

PATIENT CLINICAL HISTORY SUMMARY

This is a female with a date of injury xx/xx/xx when she was lifting . She developed acute low back pain. She underwent PT, which worsened her symptoms. On 08/11/2008 she underwent an L4-L5 and L5-S1 360 degree fusion. Postoperatively she underwent several sessions of PT (approximately 19) and had a good response to a TENS unit. The request is

for purchase of a TENS unit. Apparently, this has decreased her use of pain medication.

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

The TENS unit is medically necessary. The Patient has undergone a trial of this therapy and has had a decrease in pain medication requirements. It is being used in conjunction with physical therapy, and, given that she had a lumbar fusion, approximately 30 sessions of PT are allowed. According to the ODG, Low Back chapter, a TENS unit is “not recommended as an isolated intervention, but a trial may be considered as a conservative option for chronic back pain, if used as an adjunct...to conservative case..., including reduction in pain medications.”

References/Guidelines

ODG “Low Back” chapter

TENS

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

ACOEM-AMERICA 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)