

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

DME tens Unit E0730

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

MD, Board Certified Neurologist with 30 years experience in clinical practice

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

Adverse Determination Letters, 5/10/10, 6/10/10
M.D., P.A. 1/21/09 to 5/12/10
M.D. 7/19/07
Treatment History 6/25/10
ODG-TWC

PATIENT CLINICAL HISTORY SUMMARY

The patient was injured on xx/xx/xx in a slip and fall at work. She suffered a cervical sprain, upper thoracic and right shoulder sprain. She was found to be at maximum medical improvement in December 11, 2006 and an FCE found her capable of medium work. In February, 2009 records reveal complaints of headache, neck, shoulder and right upper extremity pain were present. Multiple examinations showed muscle spasm and trigger points but no neurological deficit. Various medications have failed to relieve pain. She has had trigger point injections and a B12 injection. She has had physical therapy, but the SOAP notes were not provided for this review. Her provider has recommended she use a TENS unit at home twice a day. He has also recommended heating pad and Advil.

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

This patient has continuing pain radiating down right arm with no motor or sensory deficit and continued muscular spasm. The clinical records are unclear as to the cause of the continuing pain. It is unclear from the clinical records if there are aggravating factors including tossing and turning in sleep, unintentionally spraining muscles while under the influence of narcotic medication, poor nutrition, poor physical conditioning, or depression. The ODG does not recommend use of TENS units unless it is used as an adjunct treatment modality. Also, while it is noted in the records that the patient did a trial of the TENS unit in the provider's office, the ODG recommends a one-month trial prior to the purchase of such a unit. The evidence-based guidelines state there is very low quality evidence that TENS is more effective than

placebo. The reviewer finds that medical necessity does not exist at this time for DME tens Unit E0730.

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)