P&S Network, Inc.

8484 Wilshire Blvd, Suite 620, Beverly Hills, CA 90211

Ph: (323)556-0555 Fx: (323)556-0556

Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 04/06/2010

IRO CASE #:

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

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

TENS unit and supplies for back and neck, for purchase

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Submitted medical records were reviewed in their entirety.
- Treatment guidelines were provided to the IRO.
- 12-14-09 Script for TENS unit purchase from Dr.
- 12-14-09 Medical report from Dr.
- 01-20-10 Preauthorization request information form from Dr.
- 01-20-10 Preauthorization request worksheet
- 01-22-10 Procedure report, injection of contrast, from Dr.
- 01-26-10 Initial Adverse Determination letter
- 01-27-10 Medical report from Dr.
- 02-03-10 Fax cover and request for unit from Dr.
- 02-03-10 Preauthorization request worksheet
- 02-08-10 Adverse Determination letter for reconsideration
- 03-12-10 Request for reconsideration from Dr.
- 03-16-10 Request for IRO from the Claimant
- 03-18-10 Job Injury registration form from the Claimant, undated, received xx/xx/xx.
- 03-18-10 Confirmation of Receipt of IRO from TDI
- 03-19-10 Notice of Case Assignment of IRO from TDI
- 03-22-10 Prospective Review (M2) response

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, the patient is a female who sustained an industrial injury to the neck and back on xx/xx/xx when an unknown individual lifted her and slammed her against a wall where an alarm was sticking out. She has been provided treatment for cervical, thoracic and lumbar complaints as well as nausea and vomiting. Per

Designated Doctor opinions of September 8, 2009 she has PTSD. MRI of November 19, 2009 showed disc protrusion at C5-6 without impingement on the spinal cord. Her accepted diagnosis includes brachial neuritis/radiculitis.

According to the medical report of December 14, 2009 the patient is a for a xxxx who came upon a robbery in progress, and was assaulted by the large male robber. She was pushed up against a wall, striking the back of her head and neck and upper back with resulting posterior neck and interscapular pain with radiation into the right arm. She has had some posterior muscle contraction headaches. She has seen several physicians and has attended nine sessions of PT. She states a TENS unit was helpful during PT. She has not had any injections. She is using Hydrocodone and Nexium. She has not been improved over the last year and has not been able to work since May. Cervical MRI of August showed a central and right C5-6 herniated disc. Nerve conduction studies of the right arm (09/01/09) were negative but no EMG was done. She has no feelings of numbness or weakness in the lower extremities. On examination, she is 5' 1" and 140 pounds. Right C6 dermatome pain is elicited with neck extension and right lateral bending. There is some restriction of neck motion in all planes. She has a little paracervical muscular tightness and some loss of lordosis. Right biceps strength is weak and decreased sensation is noted in the right C7 dermatome. Right biceps reflex is depressed. Impression is post-traumatic C5-6 discopathy with a right C6 radiculopathy. She was given a prescription for a TENS unit for home use. Recommendation is for cervical myelogram with CT scan. Cervical CT myelogram was approved on December 18, 2009.

On January 20, 2010 a TENS unit was requested for purchase.

Cervical CT myelogram was performed on January 22, 2010. A good quality study was obtained reportedly showing central C5-6 and C6-7 defect. The CT scan report was not submitted for this review.

Request for purchase of TENS unit with supplies was considered in review on January 20, 2010 with recommendation for non-certification. Per the reviewer ODG does not support the long-term use of TENS for brachial neuritis. The clinical records submitted with the request did not include any detailed subjective outcome tools or documented functional improvement or objective changes that would justify the medical necessity for purchase of a TENS unit. A peer discussion was attempted but not realized.

The patient was reevaluated in family medicine on January 27, 2010 for nausea and vomiting and low back and neck pain. She is status post imaging with dye a week prior. She relates nocturia of 1-2 months duration, 4-5 times a night, and wonders if it could be associated with low back problems. She is using Citalopram, Hydrocodone/APAP, Nexium and Promethazine HCL suppository. Lab work shows normal urinalysis. Assessment is nausea and vomiting, low back and neck pain and polyuria. Medications are refilled. She will follow-up in one month.

The patient's family medicine provider recommended a TENS unit for neck pain on February 3, 2010.

Request for reconsideration purchase of TENS unit with supplies was considered in review on February 3, 2010 with recommendation for non-certification. There is weak support in ODG for TENS and it is not recommended for long-term use. The rationale for denial is the same as the first-line review. A peer discussion was conducted and the provider did not provide any additional rationale. The provider indicated the unit was requested this time buy a neurosurgeon.

On March 12, 2010 the provider requested reconsideration hoping the patient will have improvement in pain, use less narcotic medication, and avoid surgery with use of the TENS unit.

On March 22, 2010 the Designate Doctor submitted information to support non-certification of the requested service: The prior reviews were summarized. The carrier maintains purchase of a TENS unit with supplies is not medically reasonable. The claimant is a xxxxx for the xxxxx. The accepted injuries include the head, neck, mid back and lower back. The carrier has disputed the diagnosis of depression, anxiety, PTSD, insomnia and GI reflux. The claimant has not worked since May 2009. An NCV study was negative. Cervical myelogram was significant only for central disc defects at C5-6 and C6-7. The current medical notes indicate the claimant is only being anxious without any further findings. There is no adequate and thorough documentation of the effectiveness of the TENS and ODG does not support long term use of this treatment. At 15 months status post injury, the claimant should be performing an independent home exercise program. There is no evidence that the claimant is engaged in a HEP. The notes submitted show no decrease in pain and no objective physical evidence of benefit specifically obtained from the TENS unit use. To the contrary, documentation provided indicated that the claimant therapeutically did not benefit from prior therapy. Repeating a failed treatment strategy would not be reasonable.

Request was made for an IRO.

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

According to ODG there is very low quality evidence that transcutaneous electrical nerve stimulation (TENS) is more effective than placebo. TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial for neck pain may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. EMS is not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND).

The patient used TENS during formal PT and at later at home since approximately December 15, 2009. She is not currently documented to be participating in formal PT or HEP. Imaging has shown a disc protrusion at C5-6 without impingement on the spinal cord. She appears to be using TENS for brachial neuritis/radiculitis, however she continues with nausea and vomiting and has not significantly improved over the past year. Given the lack of support by ODG for long-term use of TENS, lack of

documentation of functional improvement with use of TENS, and lack of documentation of participation in HEP, continued use of this treatment is not recommended.

Therefore, recommendation is to agree with the previous non-certification for TENS unit and supplies for back and neck, for purchase.

The IRO's decision is consistent with the following guidelines:

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

__X___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

The Official Disability Guidelines (01-21-2010), Neck and Upper Back Chapter - Electrical Muscle Stimulation:

Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. Primary pain relief via gate control may be obtained by EMS, TENS, or other forms of ENS. The theory is that rhythmic muscle stimulation by modulated DC or AC probably increases joint range of motion, reeducates muscles, retards muscle atrophy, and increases muscle strength. Circulation can be increased and muscle hypertension decreased, which may lead to secondary pain relief. Since the quality of evidence is low or very low, we cannot make any definite statements on the efficacy and clinical usefulness of electrotherapy modalities for neck pain. There is very low quality evidence that electric muscle stimulation (EMS) is not more effective than placebo. EMS did not reduce pain or disability.

TENS: Not recommended as a primary treatment modality, but a one-month home-based TENS trial for neck pain may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration.

Outcomes compared to placebo are not proven in use for whiplash-associated disorders, acute mechanical neck disease, or chronic neck disorders with radicular findings, as evidence is conflicting. There is very low quality evidence that transcutaneous electrical nerve stimulation (TENS) is more effective than placebo. Current evidence for TENS shows that this modality might be more effective than placebo but not other interventions. For an overview and treatment of other conditions, see the Pain Chapter.