

SENT VIA EMAIL OR FAX ON
Aug/26/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/25/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

TENS pad, TENS lead, Electrode Lotion, 9 volt battery

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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 Letters 7/20/10 and 8/11/10
IRO Letter 8/20/10
Rehab 8/22/03 thru 8/2/10
Radiology Report 1/10/08 and 8/16/05
MRI 10/7/99 and 10/29/99
Peer Review 8/17/09
PM&R Associates 4/5/04

PATIENT CLINICAL HISTORY SUMMARY

This is a man who fell and injured his low back in xxxx. He has ongoing pain after two laminectomies. There is no neurological deficit. He also has a rotator cuff tear and a

persistent L5/S1 radiculopathy. The IRO reviewer did not find any evidence of a TNS being used until Dr. Dr. wrote (8/2/10) that “Mr. used a TENS unit in the past. It does provide him benefit.” He further wrote that the TENS “is not generally recommended, however, in this case, the patient has used the TENS unit for several years. It does provide him some relief of his subjective complaint of pain. It allows him to remain functionally active...It has been an alternative for pain control without increasing his intake of oral pain medication. “

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

The ODG rules are not supportive of the use of the TENS for the treatment of pain. Its value was listed as inconclusive. He states he has a TENS unit, but the IRO reviewer do not see any report of its use until the 8/2/10 letter. Most of the ODG criteria are designed for the institution of a TNS program. This man apparently had a TNS unit already, but the IRO reviewer does not know who prescribed it. The TENS is being used as adjunct in the management of the pain and reportedly works in this patient. The ODG allows the physician to make decisions based upon the “uniqueness of each patient’s clinical circumstances.” Therefore, the IRO reviewer did find that the TENS was justified. It is not the TENS being ordered, but just the electrode, lead, lotion and battery for current TENS, which are medically necessary.

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)