CLAIMS EVAL

Utilization Review and Peer Review Services

Notice of Independent Review Decision-WC

DATE OF REVIEW: 11-22-11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

E0730 DME Purchase: TENS Unit OR E0730 DME Rental: TENS unit x 1 month

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

Board Certified in Occupational Medicine and American Board of Preventive Medicine

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

xx-xx-xx MD., the claimant slipped and fell injuring her back, right knee, hand-arm, left foot-ankle. Diagnosis: Right forearm-wrist strain, left ankle-foot strain, LBS. Plan: The claimant was prescribed Flexeril and Ibuprofen. DWC-73: The claimant was returned to work from xx-xx-xx through 6-11-07 with restrictions. Diagnosis: Right forearm-wrist strain, left ankle-foot strain, LBS.

6-11-07 MD., the claimant complains of back, right knee, hand-arm, and left foot-ankle pain. Diagnosis: Right forearm-wrist strain, left ankle-foot strain, LBS. Plan: (illegible hand written notes). DWC-73: The claimant was returned to work from 6-11-07 through 6-19-07 with restrictions. Diagnosis: Right forearm-wrist strain, left ankle-foot strain, LBS.

6-15-07 Physical Therapy Evaluation.

Physical Therapy on 6-18-07.

10-16-07 Statement Accepted Fact: The carrier disputes your inability to earn your pre-injury wages is as a result of your compensable injury. You were released to return to work light duty and the employer was able to accommodate your restrictions with light

duty work. You were subsequently terminated for cause on 9-13-07. The carrier disputes disability after 9-13-07.

10-18-07 MD., DWC-73: The claimant was returned to work from 10-18-07 through 11-1-07 with restrictions. Diagnosis: Lumbar strain, ankle sprain, forearm contusion.

10-19-07 Statement Accepted Fact: The carrier disputes your inability to earn your pre-injury wages is as a result of your compensable injury. You were released to return to work light duty and the employer was able to accommodate your restrictions with light duty work. You were subsequently terminated for cause on 9-13-07. Carrier disputes disability after 9-13-07.

11-1-07 MD., the claimant slipped on wet spot at work and fell onto her back and right hip. She still has lower back pain, sometimes aching in the thighs. The left ankle is sore only intermittently around the Achilles tendon. The right shoulder is sore on top and she gets pain down the whole arm to the hand. Sometimes tingling. Wrist sore with use. She bought n flexible wrist wrap but asks for something with more support. She does her shoulder and back exercises at home, but is rarely walking on the treadmill. She is working. Assessment: Lumbar strain-contusion, left ankle sprain - renewed pain may or may not be related to the initial injury, right arm pain again symptomatic. Plan: The claimant was prescribed Cataflam, Flexeril. DWC-73: The claimant was returned to work from 11-1-07 through 11-15-07 with restrictions. Diagnosis: Lumbar strain, ankle sprain, forearm contusion.

11-15-07 DC., the claimant presents with pain in her neck, upper and lower back and pain in her right upper extremity (shoulder and wrist) as well as her pelvis and right knee and left ankle. She states that she was at work when she slipped and fell on a slick spot on the ground on xx/xx/xx. She landed on her back and right hand-arm and shoulder. She also twisted her left ankle when she fell. She describes her pain as sore, tense, burning and throbbing in her neck, back and right shoulder, but occasionally will have sharp pain in these areas. She has sharp and achy pain in her right wrist. She has intermittent pain in her left ankle and right knee. She states that she has been seeing the company referred doctor since the accident and that they have only been addressing her left ankle. The evaluator has received approval for change of treating doctors and will request treatment based on this exam. Impression: Cervical radiculopathy, lumbar radiculopathy, right wrist injury, left ankle injury, myofascial pain syndrome, cervicothoracic segmental dysfunction, lumbosacral segmental dysfunction, thoracic segmental dysfunction, right shoulder injury. Plan: The claimant will begin a course spinal and extremity manipulation to improve joint function and mobility. Recommend passive modalities to include interferential, ultrasound, and myofascial work. She will also begin active care to include active and passive stretching. proprioceptive activities using a gymnic ball, resistive activities with theraband once tolerable. She will have a re-evaluation after the 12th visit.

Chiropractic Therapy from 11-19-07 through 12-27-07 (7 sessions)

12-26-07 DC., the claimant presents with increased neck and back pain since yesterday. She states that she is having right wrist pain today. She states that her left ankle is swollen. She is currently off work. She is satisfied with treatment so far. Assessment: Cervical and lumbar radiculopathy. Right wrist injury and left ankle injury. Myofascial pain syndrome. Cervical, thoracic, and lumbar segmental dysfunction. Shoulder injury. Plan: Schedule for FCE next week. Keep appointment for last adjustment.

1-3-08 Functional Capacity Evaluation shows the claimant is functioning at a Sedentary PDL (above waist), Sedentary-Light PDL (below waist).

1-16-08 MRI of the right wrist without contrast performed byMD., showed negative MRI of the right wrist.

1-16-08 MRI of the lumbar spine without contrast performed by MD., showed mild diffuse lumbar spinal stenosis. Minimal disc desiccation at L5-S1 with slight left posterolateral disc protrusion. Bilateral L5-S1 facet arthropathy with bilateral neural foraminal stenosis.

1-17-08 DC., the claimant presents with soreness and achy in her neck and back after the MRI yesterday. She is currently off work. She is satisfied with treatment so far. Physical Examination: The claimant presents today post MRI studies of her right wrist and lumbar spine. The evaluator reviewed the films and reports with the claimant. She has a normal wrist study. Her lumbar spine study shows some changes. She has mild diffuse lumbar spinal stenosis. Minimal disc desiccation at L5-S1 with slight left posterolateral disc protrusion approximately 2mm. Bilateral L5-S1 Facet arthropathy with bilateral neural foraminal stenosis. Assessment: Lumbar discopathy, cervical and lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic, and lumbar segmental dysfunction, shoulder injury. Plan: The evaluator has requested work conditioning of which we are waiting approval. The evaluator will refer her to a pain management doctor (Dr.) for her lumbar spine for possible further intervention.

2-7-08 Dr., performed a Designated Doctor Evaluation. (Missing pages).

2-8-08 MD., the claimant complains of cervical pain with radiculopathy and cervical myofascial pain; secondary complaint of low back pain and myofascial pain. Assessment: Cervical pain with radiculopathy, myofascial pain, low back pain, headache, neck pain, cervicodorsal spondylarthritis with facet arthropathy, nonallopathic lesion of cervical region, wrist pain. Plan: The evaluator order MRI of the cervical spine without contrast.

2-23-08 MRI of the cervical spine without contrast performed by MD., showed no significant abnormalities involving the cervical spinal canal.

3-12-08 MD., the claimant complains of cervical pain with radiculopathy and cervical myofascial pain; secondary complaint of low back pain and myofascial pain. Assessment: Cervical pain with radiculopathy, myofascial pain, low back pain, headache, neck pain, cervicodorsal spondylarthritis with facet arthropathy, nonallopathic lesion of cervical region, wrist pain. Plan: The evaluator will proceed with the cervical facet block bilateral C2, C3 and C3 and right C4-C8. The evaluator will write a LOMN for approval for the procedure.

3-28-08 DC., the claimant presents with continued pain in her neck and upper back into her arm. She states that she is sore in her lower back. She is currently off work. She is satisfied with treatment so far. Assessment: Lumbar discopathy, cervical and lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic, and lumbar segmental dysfunction, shoulder injury. Plan: She is scheduled to have and injection with Dr. on 4-25-08. The evaluator will request post injection therapy. DWC-73: The claimant was taken off work from 3-28-08.

Follow-up visit with Dr. on 4-25-08 notes the claimant radiology report describes that she has no significant abnormalities involving the cervical spinal canal. It states that there is no evidence of focal disc herniation or significant spinal stenosis or foraminal stenosis present. In review of Dr. last evaluation he feels that the claimant has, facet arthropathy in her cervical spine, which is creating the pain into her upper extremities, as well as headaches and neck pain. His recommendation for cervical facet block has been approved and the claimant was scheduled to have the injections yesterday, but had to be rescheduled due to Dr. having to go out of town. She states that she has been rescheduled for some time early 5-08 to have the injections performed. The evaluator will request the post-injection therapy to provide for her after the injections have been done. The evaluator agrees with Dr. assessment that the facets are her problematic area in her cervical spine creating the pains that she is experiencing. DWC-73: The claimant was taken off work from 4-25-08.

5-30-08 DC., the claimant presents today stating that she continues to have neck and low back pain. She states that Saturday she had pain in her neck that went down into her right arm. She went in for the injection that she was scheduled for a cervical spine with Dr. in early May, but Dr. rescheduled due her having a panic attack just before going in for the procedure. She states that she needs to call him and find out when she is being rescheduled for that treatment. Assessment: Lumbar discopathy, cervical and lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic, and lumbar segmental dysfunction, shoulder injury. Plan: The claimant is to schedule for the injections with Dr.. The evaluator will request post-injection therapy. The evaluator will follow up in one month or sooner if procedures are performed. DWC-73: The claimant was taken off work from 5-30-08.

8-4-08, MD., Procedure performed: Lumbar facet block medial branch of the dorsal ramus, bilateral C4, C5, C6, and C7.

Follow-up visit with Dr. on 9-3-08 notes the claimant had her follow-up evaluation with Dr. on 8-4-08. They submitted for epidural steroid injections. She states that she has received a letter stating that they were approved and is waiting for Dr. office to call to schedule for the injections. The evaluator advised her to call Dr. office to find out if they have received their letter and try to get her scheduled to get the injection performed as soon as possible. She is supposed to call us once she has her injection scheduled and the evaluator will request post-injection therapy. DWC-73: The claimant was taken off work from 9-3-08.

9-29-08 DC., the claimant returns to the clinic today stating that she has not had much change since her last visit. She states that she continues to have the lower back pain as well as neck and upper back pain. Taking her medication and using hot packs help to give her relief. She describes her pain as a throbbing pain. She states that the pain comes and goes. She states that walking tip steps or prolonged activities (esp. sweeping) increase her lower back pain. Assessment: Lumbar discopathy, cervical and lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic, and lumbar segmental dysfunction, shoulder injury. Plan: The claimant will be scheduled next week to have a date for her injections that have been approved to do through Dr.. The evaluator will coordinate post injection therapy to do with her once she has had them done.

Follow-up visit with Dr. on 12-3-08 notes the evaluator advised the claimant to contact Dr. and get in to see him for re-evaluation. The evaluator will see if he recommends ESI's or other options for her.

1-16-09 DC., the claimant returns to the clinic today stating that she is still having neck and back pain. She states that she has good days and bad days. She reports that prolonged sitting and walking increases her left foot and ankle pain. She still hurts into the right shoulder. Assessment: Lumbar discopathy, cervical and lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic, and lumbar segmental dysfunction, shoulder injury. Plan: The claimant has an appointment with Dr. on Monday at 8:30am. The evaluator will see if he can get her scheduled for the injections and help relieve her pain. Once she has the injection the evaluator will try to do the post injection therapy.

1-19-09 MD., the claimant complains of cervical pain with radiculopathy and cervical myofascial pain; secondary complaint of low back pain and myofascial pain. Assessment: Cervical pain with radiculopathy, myofascial pain, low back pain, headache, neck pain, cervicodorsal spondylarthritis with facet arthropathy,

nonallopathic lesion of cervical region, wrist pain. Plan: Trigger point injection was given.

Follow-up visit with Dr. on 2-18-09 notes the claimant is waiting to hear back from Dr. office regarding her injections and next office visit. Once she has the injection the evaluator will do the post injection therapy. The evaluator will wait to hear from Dr. of to determine further treatment options.

Follow-up visit with Dr. on 4-2-09 notes the claimant is waiting to hear back from Dr. office regarding her injections and next office visit. Once she has the injection the evaluator will do the post injection therapy. The evaluator will wait to hear from Dr. office to determine further treatment options.

Follow-up visit with Dr. on 4-14-09 notes the claimant was prescribed Darvocet and discontinued Cataflam. Trigger point injections given at her last visit were beneficial for only about a day. The evaluator will again attempt to get authorization for facet protocol.

5-14-09 DC., the claimant returns to the clinic today stating that she is still having pain in her neck and back. She reports that she is tired today also. She states that she went to Dr. office and they are getting denied for the injections. She states that she received new medications that seem to help her better. Assessment: Lumbar discopathy, cervical and lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic, and lumbar segmental dysfunction, shoulder injury. Plan: The claimant is waiting to hear back from Dr. office regarding appeal for her injections. She is scheduled to follow up with the evaluator again on 6-17-09. The evaluator will obtain a copy of the reports and denials from Dr. office to see if he can help in any way.

Follow-up visit with Dr. on 6-11-09 notes the claimant is still getting denied for the injections. She was approved at one point in time and had to leave the state for a while due to family problems and emergencies. Once she returned the approval had expired and has not been authorized since then. She would significantly benefit from this treatment and needs to get approval. DWC-73: The claimant was taken off work from 6-11-09.

7-13-09 DC., the claimant returns to the clinic today stating that she has daily headaches and pain in her neck. She still has low back pain that comes and goes. Her right wrist bothers her off and on. She states that her left ankle has been doing ok. She states that she has a follow up with Dr. in mid August. Assessment: Lumbar discopathy, cervical and lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic, and lumbar segmental dysfunction, shoulder injury. Plan: There has been no change in her ability to get injections. She still has not had them and is unsure if Dr. has re-requested the procedure. She will follow up in August

and see what his recommendations tine. DWC-73: The claimant was taken off work from 7-13-09.

Follow-up visit with Dr. on 8-18-09 notes the claimant will discuss the possibility of injections with Dr. tomorrow when she does her follow up. The evaluator will see what his recommendation is and follow up in one month. DWC-73: The claimant was taken off work from 8-18-09.

Follow-up visit with Dr. on 8-19-09 notes the claimant was prescribed Darvocet and Zanaflex. The evaluator recommended cervical facet block.

9-9-09, DC., performed a Treating Doctor Evaluation. He certified the claimant had reached MMI on 9-9-09 and awarded the claimant 32% whole person impairment.

10-8-09 DC., the claimant returns to the clinic today stating that she is feeling a little under the weather today. She continues to have neck and back pain. She states that she has not had much change overall. She continues to have headaches as well. She reports occasional pain in her right hand that feels like pins and needles. She states that her left ankle is still doing ok. She has difficulty with sleep at night also. She has a follow up with Dr. office on 10-21-09. She remains in an off work status. Assessment: Lumbar discopathy, cervical and lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic, and lumbar segmental dysfunction, shoulder injury. Plan: The claimant states that she still has not had the injections and that they will not be approved. The evaluator has advised her to try and get Dr. to re-request them so that her attorney could help with the dispute process to get them approved. She has a follow with them in a couple of weeks. DWC-73: The claimant was taken off work from 10-8-09.

11-4-09 MD., performed a Designated Doctor Evaluation. He certified the claimant had reached MMI on 9-18-09 and awarded the claimant 14% whole person impairment.

Follow-up visit with Dr. on 11-5-09 notes the claimant is scheduled to see Dr. next week to re-request the injections. The evaluator will wait for the status of these injections. The evaluator also discussed her case and the designated doctor examination. The evaluator will look for the report in the next week or so. DWC-73: The claimant was taken off work from 11-5-09.

Follow-up visit with Dr. on 11-9-09 notes the evaluator has been asking for authorization for cervical facet blocks since 3-08, and have been denied. She is taking the Zanaflex and Darvocet for her pain, which helps, but does not completely control her pain. The numbness and weakness in her right arm and hand has increased. She is dropping things.

12-7-09, MD., performed a Designated Doctor Evaluation. He certified the claimant had reached MMI on 9-9-09 and awarded the claimant 35% whole person impairment.

Follow-up visit with Dr. Maire on 12-3-09 notes the claimant is scheduled to see Dr. next week. The evaluator still has not received the report from the designated doctor examination. The evaluator will continue to wait for the report. DWC-73: The claimant was taken off work from 12-3-09.

12-21-09 DC., the claimant returns to the clinic today stating that she is doing ok today. She states that she continues to have pain in her neck, back, and right hand-wrist that comes and goes. She has a follow up with Dr. 1-11-10. She remains in an off work status. Assessment: Lumbar discopathy, cervical and lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic, and lumbar segmental dysfunction, shoulder injury. Plan: The claimant is scheduled to see Dr. in January. The evaluator did receive the designated doctor report and reviewed it with the claimant. She is still in need of the treatment options that Dr. has been recommending but has not been approved. The evaluator forwarded the DD report to his office to see if it might help to get the injections approved.
Follow-up visit with Dr. on 1-11-10 notes the claimant was continued with Darvocet.

Follow-up visit with Dr. on 1-18-10 notes the claimant states that Dr. office requested the cervical facet injections, but was not approved by the insurance company again. She got a report stating that they were voluntarily withdrawn again. The evaluator is going to request the reports from Dr. office. The evaluator will forward to her attorney once we receive them.

2-19-10 DC., the claimant returns to the clinic today stating that she has neck and low back pain. She states that her left leg gets numb at times. She has noticed that her grip with the right hand is weak. She reports that she was wringing out clothes and had a spasm in her right 3rd and 4th digits three times. She has a follow up with Dr. on 3-10-10. She remains in a restricted work capacity. Physical Examination: The claimant presents today with myofascial tender points in her cervical, thoracic and paraspinal muscles as well as the bilateral upper trapezius, bilateral quadratus lumborum muscles and left foot-ankle muscles. She has palpatory tenderness at the C2-3 vertebral motor units. She has decreased ranges of motion for cervical and lumbar spine with pain in extension for the cervical and all motion for her lumbar spine. She has decreased functional capacities for the C5-6 and L4-5 neuromeres graded at 4-5 as per manual muscle testing. She has intersegmental stiffness in her cervical, thoracic, and lumbar spine. Assessment: Lumbar discopathy, cervical facet syndrome, cervical lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic and lumbar segmental dysfunction, shoulder injury.
Plan: She states that Dr. office requested the cervical facet injections, but was not approved by the insurance company again. She got a report stating that they were voluntarily withdrawn again. The evaluator will see if Dr. office addresses the issues for

the voluntary withdraw by the insurance company for the injections to see if they will get approved.

Follow-up visit with Dr. on 3-19-10 notes the evaluator will see what Dr. office is going to recommended or request. The injections that they keep requesting are getting, voluntarily withdrawn by the insurance company. The evaluator is not sure why they keep doing that but she would significantly benefit for the procedure. They were originally approved, but did not get them done because of family emergencies and not being in town. Once she returned an extension was asked for but the withdrawals began to occur.

3-30-10 NP., the claimant complains of cervical pain with radiculopathy and cervical myofascial pain; secondary complaint of low back pain and myofascial pain. Assessment: Cervical pain with radiculopathy, myofascial pain, low back pain, neck pain, radicular syndrome of lower limbs, shoulder pain, wrist pain. Plan: The claimant was prescribed Neurontin.

Follow-up visit with Dr. on 4-12-10 notes the still has been unable to have the injections that Dr. Bacon is requesting due to the insurance company is voluntary withdrawing the request. The evaluator will look at referring her to an orthopedic surgeon for a consult of the cervical and lumbar spine and see what their opinion is. DWC-73: The claimant was returned to work from 4-12-10 with restrictions.

5-17-10 DC., the claimant returns to the clinic today stating that she has had no change in her pain levels. She continues to take the Neurontin that does help some. She has a follow up with Dr. on 5-26-10. She states that her legs continue to go numb and that she still has tingling in her hands. She is also having a trigger finger on her right middle finger at times. She remains in a restricted work capacity. Assessment: Lumbar discopathy, cervical facet syndrome, cervical lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic and lumbar segmental dysfunction, shoulder injury. Plan: The evaluator tried to refer her for a surgical consult, but the surgeon is only taking new cases. The evaluator will try and get her in with someone who will take her case. DWC-73: The claimant was returned to work from 5-17-10 with restrictions.

Follow-up visit with Dr. on 6-2-10 notes the claimant was prescribed Neurontin and given samples of Voltaren gel.

Follow-up visit with Dr. on 7-8-10, 8-9-10 notes the evaluator still has not found a surgeon to take her case yet. The evaluator will discuss some options with the attorney and keep trying.

Follow-up visit with Dr. on 8-9-10 notes the evaluator increased Neurontin.

9-7-10 DC., the claimant returns to the clinic today stating that she has not had much change since her last visit. She is still having neck and back pain and muscle spasms. She is also still having wrist pain. This past weekend her left ankle was swollen and needed to elevate it. She continues to take the Neurontin that does help some and a muscle relaxer. She has Darvocet for pain relief that she takes as needed. She remains in a restricted work capacity. Assessment: Lumbar discopathy, cervical facet syndrome, cervical lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic and lumbar segmental dysfunction, shoulder injury. Plan: Dr. office requested updated MRI studies to review for an initial visit with her. Then evaluator will request the MRI and see if he can get them done. Once this is done then the evaluator will get her an appointment with hint. DWC-73: The claimant was returned to work from 9-7-10 with restrictions.
Follow-up visit with Dr. on 10-5-10 notes MRI was denied. The evaluator will work on getting her in with the surgeon for evaluation and treatment options. If the surgeon needs updated MRI then the evaluator will help to get them done.
Follow-up visit with Dr. on 11-8-10 notes the claimant was prescribed Hydrocodone and Voltaren gel.

11-12-10 DC., the claimant returns to the clinic today stating that she has not had much change since her last visit. She continues to have pain in her mid to low hack. She reports that the pain is sharp and that she has some numbness into her legs. She remains in a restricted work capacity. Assessment: Lumbar discopathy, cervical facet syndrome, cervical lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic and lumbar segmental dysfunction, shoulder injury. Plan: The evaluator checked with the orthopedic surgeon that he is trying to get her scheduled with, but they will not see her without an updated MRI. The claimant condition is not improving at all and in fact seems to be worsening. She has not been able to get the injections done and the meds only provide temporary relief. The evaluator will attempt to get the MRI done again and if not then look into other treatment options.

Follow-up visit with Dr. on 12-15-10 notes the evaluator will wait to get a copy of Dr. report, but according to the claimant they feel it would be a good idea to try and get an EMG-NCV done. The evaluator agrees with that recommendation. The evaluator will do a referral to Dr. and see if they can get it approved. Once it has been done and the evaluator has the results he can look at other options to see if he can get the claimant the appropriate treatment.

Follow-up visit with Dr. on 12-15-10 notes the claimant was prescribed Hydrocodone.

1-11-11DC., the claimant returns to the clinic today stating that she has not had much change since her last visit. She has been having more pain in her feet and ankles. She still has the same pain in her back and neck. She reports that her left leg still gives out on her on occasion. She is having tingling and numb in her right hand and it is getting

worse. She states that she is dropping things also. She remains in a restricted work capacity. Assessment: Lumbar discopathy, cervical facet syndrome, cervical lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic and lumbar segmental dysfunction, shoulder injury. Plan: No treatment is getting approved by the insurance company. The evaluator is unable to get the MRI, nerve testing, surgical consult, etc to happen. She has injury as a result of the work injury and needs treatment. She is managing to function with pain on a daily basis, but is she had treatment then she would probably be able to do more with less pain and function better on a daily basis. The evaluator feels she would also be able to return to unrestricted activities. The evaluator will see about sending her to a different pain doctor for an opinion and possible treatment options. DWC-73: The claimant was returned to work from 1-11-11.

Follow-up visit with Dr. on 2-8-11, 4-7-11 notes still no change in her case. She still has not had any treatment. The evaluator is still working on getting her in with another pain doctor.

Follow-up visit with Dr. on 5-3-11 notes the claimant informs that she has been able to work about 10 hours per week. Neurologic exam on 12-15-10 showed progression of cervical neurologic deficits, and physical exam was strongly indicative of facet arthropathy. MRI and referral to Dr for neurological consultation wee denied apparently because of lack of evidence of changes. Apparently the 12-15-10 note was ignored. This will be appealed. Follow-up assessment will be done to evaluate each of the expected outcomes and these results will determine further steps.

Follow-up visit with Dr. on 5-6-11, 6-7-11 notes still no change in her case. She saw Dr. earlier this week and feels that she needs EMG-NCV studies. She still would benefit from injections, but thinks that the studies will be helpful to get more specific information for successful treatment.

7-21-11 DC., the claimant returns to the clinic today stating that she continues to have the same pains. Continued neck and back pain and right wrist pain. She has swelling in the left ankle also. She state that she has been dropping things and is weak in the right hand and wrist. She doesn't have a good grip anymore. She reports that she continues to have muscle spasms also. She remains in a restricted work capacity. Assessment: Lumbar discopathy, cervical facet syndrome, cervical lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic and lumbar segmental dysfunction, shoulder injury. Plan: She still has not had the EMG-NCV study done yet. Apparently it was denied, but the evaluator has not gotten a copy of the denial yet. The evaluator will try to get a copy and forward it to her attorney. She has a follow up with Dr. on 8-4-11. The evaluator will see if there are any other recommendations and follow up after then. DWC-73: The claimant was returned to work from 7-21-11.

Follow-up visit with Dr. on 8-2-11 notes the claimant medication regimen was reviewed. Because she has pain to the right wrist, a prescription for a cock-up splint was given lot he claimant for the light hand. She explains that her attorney will be submitting an appeal for her MRI and NCV of the BUE and BLE. Her urine drug screen is consistent as her hydrocodone was stolen. Her other medications were stolen as well. This occurred while she was in.

Follow-up visit with Dr. on 8-22-11 notes Dr. office just provided medication refills. There is not much that they can do with regards to getting any procedures approved due to the insurance company "voluntary withdraw of the requests". The evaluator will call her attorney to try and get some options to proceed with care. DWC-73: The claimant was returned to work from 8-22-11.

9-29-11, DC., the claimant returns to the clinic today stating that she has not had any change in her condition. She has continued pain in her neck and back. She has pain in her right wrist and .left ankle also. She states that work is increasing her pain levels. She is suppose to be working part time, but has been working fulltime hours. She remains in a restricted work capacity. Please refer to the DWC73 form for specific details. Assessment: Lumbar discopathy, cervical facet syndrome, cervical lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic and lumbar segmental dysfunction, shoulder injury. Plan: She still has not had any change in her case to be able to get treatment. The insurance company has not approved injections or nerve testing. They continue to "voluntarily withdraw" any requests that are made. The evaluator will discuss her options with her attorney. We have also provided a home EMS-TENS unit for her to use on a daily basis to help manage her pain levels and keep her functioning and help her maintain her ability to work.

10-8-11 UR request for TENS unit was non certified. The evaluator reported that he attempted to contact Dr. Maire on 10-4-11 but the call could not be completed. He made another attempt on 10-5-11, but the call could not be completed. The evaluator reported that according to the UR history, the claimant has already been provided with a TENS unit int h past. There is no documentation of clinical benefit from that prior use. There is no reason for continued home use of this purely passive modality. UR performed by MD.

10-17-11 DC., the claimant returns to the clinic today stating that she has continued pain in her neck and back. She has increased tension in her neck and back also. Her condition continues to stay flared up due to the increased work schedule. The employer has not abided by the limitations of her restrictions; therefore she has been taken off work. Please refer to the DWC73 form for specific details. Physical Examination: The claimant presents today with intersegmental stiffness in her cervical, thoracic, and lumbar spine. She has a pelvic deficiency with a left long leg. She has decreased functional capacities for the C5-6 and L4-5 neuromeres graded at 4-5 as per manual

muscle testing. She has myofascial tender points in her cervical, thoracic and lumbar paraspinal muscles as well as the bilateral upper trapezius, bilateral quadratus lumborum muscles right wrist-forearm muscles and right foot-ankle muscles. She has decreased ranges of motion for cervical and lumbar spine and right wrist with pain at endpoint motion. Assessment: Lumbar discopathy, cervical facet syndrome, cervical lumbar radiculopathy, right wrist injury and left ankle injury, myofascial pain syndrome, cervical, thoracic and lumbar segmental dysfunction, shoulder injury. Plan: The claimant is to follow up with him in one month. DWC-73: The claimant was taken off work from 10-18-11.

10-19-11 UR request for TENS unit was non certified. The evaluator reported upholding the initial adverse determination. Per ODG this DME has no established medical efficacy and is no better than placebo or sham. ODG does not recommend the use of this DME for long term use. There is no evidence that the claimant is undergoing any other form of medical care and there is no evidence of a concurrent program of evidence-based conservative care to achieve functional restoration. UR performed by Dmitry Golovko, MD.

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

PER ODG GUIDELINES, A TENS UNIT MAY BE CONSIDERED AS A NONINVASIVE CONSERATIVE OPTION, IF USED AS AN ADJUNCT TO A FUNCTIONAL RESTORATION PROGRAM. FROM MY REVIEW OF THE RECORDS, IT APPEARS THAT THERE IS NO ADDITIONAL TREATMENT BEING PERFORMED AS REQUIRED BY ODG FOR A TRAIL OF A TENS. THUS THE REQUEST FOR E0730 DME Purchase: TENS Unit OR E0730 DME Rental: TENS unit x 1 MONTH IS NOT REASONABLE OR MEDICALLY NECESSARY.

ODG-TWC, last update 11-7-11 Occupational Disorders - Pain – TENS UNIT: Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured.

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use).
Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)
Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)
Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005)
Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)
Recommendations for specific body parts (See specific body-part chapters below):
Low back: Not recommended as as an isolated intervention
Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program
Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings
Ankle and foot: Not recommended
Elbow: Not recommended
Forearm, Wrist and Hand: Not recommended
Shoulder: Recommended for post-stroke rehabilitation
How it works: TENS consists of an electrical pulse generator connected to skin-surface electrodes that apply stimulation to peripheral nerves at well-tolerated frequencies. Electrodes can either be placed at the site of pain or other locations, using a trial and error methodology. A TENS unit can be varied by amplitude, pulse width (duration) and pulse rate (frequency). The most common applications include (1) high frequency or conventional TENS (40-150 Hz, with a short duration of up to 50 microseconds) and (2) low frequency or acupuncture-like TENS (1-4 Hz at a high stimulus intensity). Other modes of TENS include: (1) brief-intense TENS (>80 Hz); (2) burst TENS (bursts at less than 10 Hz) at high frequency; and (3) modulation TENS. The difference between clinical effectiveness of the modalities has not been well defined. (Koke, 2004) TENS should be differentiated from other types of electrical stimulators. See Electrical stimulators (E-stim) for a list of alternatives.
Recent studies: There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation (ENS) of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. Of the 38 studies used in the analysis, 35 favored ENS over placebo. All locations of pain were included based on the rationale that “mechanism, rather than anatomic location of pain, is likely to be a critical factor for therapy.” The overall design of this study used questionable methodology and the results require further evaluation before application to specific clinical practice. (Johnson, 2007) (Novak, 2007) (Furlan, 2007) Although electrotherapeutic modalities are frequently used in the management of CLBP, few

studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain. Highfrequency TENS appears to be more effective on pain intensity when compared with low frequency, but this has to be confirmed in future comparative trials. It is also not known if adding TENS to an evidence-based intervention, such as exercise, improves even more outcomes, but studies assessing the interactions between exercise and TENS found no cumulative impact. (Poitras, 2008) A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic LBP. There was conflicting evidence about whether TENS was beneficial in reducing back pain intensity and consistent evidence that it did not improve back-specific functional status. There was moderate evidence that work status and the use of medical services did not change with treatment. Patients treated with acupuncture-like TENS responded similarly to those treated with conventional TENS. (Khadilkar-Cochrane, 2008) A new evidence-based review from the American Academy of Neurology concludes that TENS is not recommended for use in treating chronic low-back pain (level A, 2 class 1 studies) but adds that TENS should be considered to treat diabetic neuropathy (level B, 2 class 2 studies). In the highest-quality studies of chronic low back pain, there was no benefit of TENS compared to sham or placebo TENS. In diabetic polyneuropathy, some studies showed slight benefit. Acute low back pain not normally seen in neurologic conditions was not considered in this review. The authors also point out that absence of evidence is not evidence of absence, and that TENS has had a long-standing role in pain management, is easy to handle, has a favorable benefit-to-risk ratio, and can be discontinued easily if it is not efficacious. (Dubinsky, 2010)

Current Treatment Coverage Guidelines:

- BlueCross BlueShield: TENS is considered investigational for treatment of chronic back pain, chronic pain and post-surgical pain, but is covered for certain members based on CMS rules. (BlueCross BlueShield, 2007)
- CMS: The use of TENS for the relief of acute post-operative pain is covered for 30 days or less (as an adjunct and/or alternative to pharmaceutical treatment). TENS is also covered as treatment for chronic intractable pain. Medicare requires a month-long trial period in order to determine if there is a significant therapeutic effect. (Medicare, 2006)
- Aetna & Humana: consistent with the CMS Guidelines (Aetna, 2005) (Humana, 2004)
- VA: TENS is considered equivocal when compared to other modalities. (US Dept VA, 2001)
- European Federation of Neurological Societies (EFNS): TENS may be better than placebo (level C) although worse than electro-acupuncture (level B); TENS is non-invasive and suitable as a preliminary or add-on therapy. (Cruccu, 2007)

Criteria for the use of TENS:

Chronic intractable pain (for the conditions noted above):

- Documentation of pain of at least three months duration
- There is evidence that other appropriate pain modalities have been tried (including medication) and failed

- A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial
- Other ongoing pain treatment should also be documented during the trial period including medication usage
- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted
- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary

Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy)

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)**