

# US Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** October/01/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Empi-TENS unit E0730

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

M.D., Board Certified Anesthesiologist

**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**

Official Disability Guidelines

Utilization review determination dated 08/19/11, 09/08/11

Letter dated 09/12/11

Office visit note dated 07/12/11

Prescription and letter of medical necessity

Peer review report dated 07/14/11

Notice of appeal dated 09/02/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient fell at work. Treatment to date includes left carpal tunnel release, right rotator cuff repair, physical therapy, trigger point injections, left SI joint injection and lumbar epidural steroid injection. Office visit note dated 07/12/11 indicates that the patient rates her low back pain as 7-9/10. The pain radiates into the left buttock and leg. There are no significant changes in physical examination since the last office visit. Diagnoses are listed as lumbar HNP, piriformis syndrome, sacroiliitis, lumbar strain and lumbar radiculitis.

Initial request for TENS unit was non-certified on 08/19/11 noting that a treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. There is no indication of a trial. The denial was upheld on appeal dated 09/08/11 noting that a TENS unit is a passive modality. There is no peer review documentation to support that a TENS unit is better than a home exercise program. There is no indication that a one month trial of a TENS unit has taken place.

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

The records in this case fail to establish that this patient has undergone a successful trial of TENS to establish efficacy of treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are documented. The

patient's compliance with a home exercise program is not documented. The Official Disability Guidelines note that TENS units are not generally recommended as there is strong evidence that TENS is not more effective than placebo or sham. The reviewer finds that there is not a medical necessity for Empi-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)