



MedHealth Review, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: 12/26/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of the purchase of a TENS unit #E0370.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of the purchase of a TENS unit #E0370.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from 12/13/11 letter by 11/18/11 denial letter, 12/2/11 letter by 12/6/11 denial letter, 11/17/11 peer review by, 12/6/11 peer review by 9/21/11 peer review by undated WC UR request, 11/9/01 office notes by 10/31/11 left hip and AP pelvis x-ray reports, 10/26/11 Patient Hx info sheet,

10/26/11 office note by 9/29/11 handwritten reports (unknown party, employer profile 7/1/11, 9/26/11 lumbar MRI report, 11/3/11 preauth report by 12/1/11 visit note by and 11/17/11 progress note by.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker was injured while twisting and lifting on xx/xx/xx. There is no documentation of treatment received early following the injury. The first record that was presented for review is dated September 26, 2011 and that is an MRI of the lumbar spine. This showed evidence of an annular disk bulge at L4-5 which flattened at the thecal sac, but did not show evidence of disk herniation or canal stenosis. There was a solid posterior interbody fusion noted at L5-S1.

On September 29, 2011, a note signed with an illegible signature stated that the worker was 50 years old and was complaining of groin and lumbar pain. The first comprehensive note presented for review was dated October 26, 2011 and was from at the. noted the injury and stated that the worker was complaining of left lower back and groin pain. He diagnosed a lumbar strain, left groin pain, and lumbar spondylosis with facet arthropathy. He recommended trigger point injections. These injections were requested, but denied.

On October 31, 2011, x-rays of the left hip and pelvis were said to be unremarkable. continued to evaluate and follow the patient and on November 9, 2011, diagnosed a left sacroiliac joint dysfunction as well as a lumbar strain and left groin pain. He recommended a left sacroiliac joint injection and use of a TENS unit. At that time, he stated that the injured worker had "had excellent relief for greater than one month when using this in the past during therapy."

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

The ODG Guidelines discuss the use of a TENS unit and conclude that objective evidence is lacking concerning the effectiveness of this modality. The ODG Guidelines, however, do permit use of the TENS unit under certain circumstances, those being clearly defined in the treatment guidelines.

1. There must be documentation of pain lasting three months and this criterion is met in the available medical records.
2. There should be evidence that appropriate pain modalities have been tried and failed and this evidence is available in the medical records.
3. There should be documentation of a one-month trial of a TENS unit in order for a TENS unit to be purchased. There is mention of a one-month use of

the TENS unit in the medical record, specifically in a note from dated November 9, 2011. The medical record, however, contains no description of how often the unit was used as well as the outcomes in terms of both pain and function.

4. There is documentation of ongoing pain treatment in this medical record.
5. The ODG Treatment Guidelines state that there should be specific short and long term goals of treatment with the TENS unit and there is no evidence of short and long term goals of treatment being listed or discussed in available medical records.

The available medical record does contain evidence that the injured worker has used a TENS unit in the past during physical therapy sessions and that he did get relief of symptoms with the unit. The record, however, does not specifically describe how often the unit was used or outcomes specifically in terms of both pain and function. Also, the available medical records do not identify specifics for short and long term goals of treatment with the TENS unit. Thereby, the ODG Treatment Guidelines criteria for use or purchase of the TENS unit are not met. Therefore, the requested service is found to be not medically necessary at this time.

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)