

# MATUTECH, INC.

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## Notice of Independent Review Decision

**Date:** September 21, 2012

**IRO CASE #:**

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

DME: TENS unit Lumbar E0730

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

American Board of Family Practice

**REVIEW OUTCOME:**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**TDI**

- Utilization reviews (08/02/12 – 08/28/12)
- Therapy (07/09/12 – 07/27/12)
- Utilization reviews (08/02/12 – 08/28/12)
- Office visits (06/17/12 – 08/27/12)
- DWC-73 (06/17/12 – 08/27/12)

ODG and ACOEM Occupational Medicine Practice Guidelines have been utilized for the denials.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who experienced back pain on xx/xx/xx, while lifting a 50-lb. bag from the knee level. She turned and felt pain in the center of her lower back. Over the next several days, she felt pain going up the thoracic spine.

On June 17, 2012, evaluated the patient for low back pain radiating to the left buttock. The patient reported that she had a history of low back pain from injury years ago but that self-resolved and was attributed to musculoskeletal strain. She had an antalgic gait. Examination of the low back showed tenderness at soft tissue in the bilateral lumbar paraspinals and flexion to 45 degrees. diagnosed low back pain and prescribed naproxen and Flexeril.

On follow-up, the patient reported some improvement. However, she felt pinching pain at low back that radiated up to her back after prolonged standing. Pain started to worsen after discontinuing Flexeril and naproxen. She stated naproxen made her dizzy, but not Advil. Her pain was no longer shooting down the back of her legs. Her gait was normal. There was tenderness at the left paraspinal soft tissue and flexion to 95 degrees. discontinued naproxen, prescribed Advil and Flexeril and referred the patient for physical therapy (PT).

On July 9, 2012, the patient underwent PT evaluation at Select Physical Therapy. Muscle strength testing of the left lower extremity revealed 4/5 strength on hip flexion, 4/5 knee extension, -5/5 knee flexion and 5/5 ankle dorsiflexion. Palpation of the lumbosacral region revealed tenderness in the right L4-L5 and left thoracic paraspinal region, tenderness and hypertonicity in the bilateral piriformis left greater than right, and tenderness and hypertonicity in the bilateral psoas muscles left greater than right. Active lumbosacral range of motion (ROM) showed 50% extension, flexion and left rotation and 75% right rotation and side bending. Faber's test was positive on the left. The therapist determined that the patient required skilled PT and treated her with electrical stimulation, patient education, home exercise program (HEP) instruction, and therapeutic activities. The aim of the program was to decrease the pain, improve work capacity and improve ROM.

The same day, the patient was evaluated for complaints of low back pain radiating to the left posterior thigh. prescribed prednisone and Flexeril and recommended considering imaging if no improvement was seen.

On follow-ups, treated the patient with Tylenol and Flexeril and recommended magnetic resonance imaging (MRI) of the lumbar spine.

On July 25, July 27, and July 29, 2012, the patient underwent therapy. Modalities consisted of electrical stimulation, manual therapy and therapeutic procedures.

On July 31, 2012, reviewed the MRI findings that showed congenitally-stenotic lumbar canal and herniated nucleus pulposus (HNP) with mild protrusion. The patient was getting tingling down her back or right leg to foot. prescribed Tylenol/ibuprofen and Norco and referred the patient to a back surgeon.

Per utilization review dated August 2, 2012, the request for the lumbar TENS unit (E0730) was non-authorized. Rationale: *"This is a request for a lumbar spine, TENS unit. The patient is a female who sustained an injury on xx/xx/xx, and experiences back pain. The records provided for review did not discuss a complete physical examination of the patient's lumbar spine, with ranges of motion, palpatory examination, manual motor testing, determination of sensory deficits and reflexes, along with orthopedic testing. This examination would not only provide the updated clinical status of the patient, but would also substantiate the necessity of the requested equipment. Furthermore, there is no indication that the patient has tried and failed measures of conservative care, such as Physical Therapy, Home Exercise Program and medication management. Moreover, the specific short and long-term treatment goals that delineate the end-point of care with the requested equipment were not elaborated. In addition, it is noted that the patient sustained an injury last xx/xx/xx; as per referenced guidelines, there should be documentation of pain for at least three months duration. There is also no indication as to whether this request is a purchase or a rental. As per referenced guidelines, a one-month trial period of the TENS unit should be documented, and rental would be preferred over purchase during this trial. There is no documentation that the use of the requested equipment is part of an evidence-based treatment plan that involves active rehabilitation, as per referenced guidelines. Lastly, the provider states that the patient is being referred to an orthopedic surgeon for further evaluation and the request for the TENS unit can be placed on hold at this time. As such, the medical necessity of this request for a lumbar spine TENS unit cannot be established at this point."* Determination: *"Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for a lumbar spine TENS unit E0730 is not certified."*

On August 14, 2012, noted no change in pain. The patient had an appointment with on August 22, 2012. refilled Tylenol/ibuprofen and Norco and referred the patient to a back surgeon.

On August 27, 2012, noted the patient had been evaluated who deferred on surgery and offered PT. The patient preferred a second opinion of a pain management. She stated that the pain went down to both posterior legs at times. She had an antalgic gait that was mildly flexed at the waist. refilled Tylenol/ibuprofen and Norco and referred the patient to a back surgeon for second opinion.

Per the utilization review dated August 28, 2012, the appeal for the TENS unit was non-authorized. Rationale: *"Reviewer comments: This is an appeal. During the conversation with him the requesting provider stated he informed the reviewer of the first request that it will be acceptable to forgo ("OK to hold off") use of the requested device and he was unsure why another request was submitted and under review. The provider added that he "never initiated this." The only clinical documentation among records submitted consists of PT progress notes. One of these, dated July 12, 2012, states the patient "used TENS unit repeatedly last night with good pain relief." This is not an adequate "trial" as outlined by/in*

*accordance with review criteria. Additionally, the reported injury date was less than three months ago, there is inadequate documentation of adjunctive medication management and the patient's response to it, and "good relief" does not constitute an adequate description of benefit associated with use of this device. Determination: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for 'TENS Unit Lumbar E0730' is not certified."*

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

After review of the Official Disability Guidelines Treatment and Workers' Compensation regarding the low back, lumbar and thoracic pain, with regards to utilizing a TENS unit as well as with review of the ACOEM Occupational Medicine Practice Guidelines Second Edition Chapter 2 on physical examination it is my opinion, based on the information provided, that a TENS unit would not be recommended.

This is based also on the lack of support from clinical examination as well as review of physical therapy notes that have outlined only one treatment and also the duration of symptoms based on the date of injury. There is also support stating that the provider on review never initiated the request for the TENS unit.

**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**
  
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**