

Icon Medical Solutions, Inc.

11815 CR 452
Lindale, TX 75771
P 903.749.4272
F 888.663.6614

Notice of Independent Review Decision

DATE: April 3, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

TENS Unit E0730 Purchase

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

The reviewer is certified by the American Board of Physical Medicine and Rehabilitation with 18 years of experience.

REVIEW OUTCOME:

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

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

12/29/10: MRI Cervical Spine without Contrast report interpreted by Dr. with Medical Center
04/14/11, 06/08/11, 07/29/11, 09/06/11, 11/07/11, 02/08/12, 04/10/12, 05/10/12, 07/12/12, 11/19/12, 12/19/12, 01/30/13, 03/12/13: Follow-up Examination by MD with Association
06/08/11: C-Spine Series report interpreted by MD
07/06/11: CT Cervical Spine without Contrast report interpreted by MD with Imaging Centers
07/08/11: Cervical Spine report interpreted by MD
04/02/12: Medical Evaluation by MD
04/26/12: Bone Scan Total Body report interpreted by MD with Health System
05/22/12: Notice of Disputed Issue(s) and Refusal to Pay Benefits by with
11/02/12, 11/06/12, 11/08/12: Progress/Treatment Note by PTA with Outpatient Therapy Services

12/05/12: Reevaluation/Reexamination by PT with Outpatient Therapy Services
12/05/12: Plan of Care by PT
12/05/12: Progress/Treatment Note by PT
12/18/12, 12/20/12, 12/21/12: Treatment Note by PT
02/05/13: UR performed by MD
03/05/13: Appeal Denial for TENS Unit by with Home Medical
03/12/13: Physician Order by MD
03/20/13: UR performed by MD
RX History by Claim from
List of Providers from
ODG – TWC Pain (Chronic) submitted by

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who injured her neck in a work-related motor vehicle accident on xx/xx/xx.

12/29/10: MRI Cervical Spine report interpreted by Dr. IMPRESSION: Multilevel degenerative changes of the cervical spine, as described. C2 fracture, occult on current MRI study.

06/08/11: C-Spine Series report interpreted by MD. CONCLUSION: Normal x-ray.

07/06/11: CT Cervical Spine without Contrast report interpreted by MD. CONCLUSION: Previously questioned fracture involving the right C2 vertebral body is no longer identified. This presumably represents healed subtle fracture.

07/08/11: Cervical Spine Flexion/Extension X-rays interpreted by MD. CONCLUSION: There is 2 mm of movement between C1-C2 going from flexion to extension. Stable flexion/extension view of the C-Spine.

04/10/12: The claimant was evaluated by MD for pain in the back of her skull and posterior aspect of her neck. It was noted that she had been doing exercises for her neck, shoulders, and low back. She had tried hydrocodone and Skelaxin. She had also tried Neurontin, but it made her dizzy. On physical exam, her neck was protracted. There was marked increase in muscle tone in her cervical spine. There was resistance on extension and rotation to either side. There was pain around the attachment of her cervical extensor muscles into her mid thoracic region. The upper extremities showed good strength and ROM. No major neurological deficits were found. There were no long-tract findings. There was pain in the neck, which seemed to be inordinate to the nature of her injury she had. PLAN: I recommend she get a bone scan to make sure there is no increased activity in her C-Spine at this point of the fracture. We will continue hydrocodone and Skelaxin. We will give her samples of Neurontin. She is unable to RTW as axx and it is unlikely she will in the future.

04/26/12: Bone Scan Total Body report interpreted by MD. IMPRESSION: Negative bone scan. There is no evidence for occult trauma within the cervical spine. There is incidental osteoarthritic changes within thoracic lumbar spine and peripheral joints.

07/12/12: The claimant was evaluated by MD. On physical exam, her neck and shoulders were protracted. There was 30 degrees of extension of her neck and 30 degrees of flexion and 40 degrees of lateral deviation. Axial loading did increase her pain. Both shoulders were protracted. There was resistance on abduction and external rotation of her shoulders. Grip strength was normal. PLAN: She does have long-term limitations as far as her specific injury is concerned. As far as her global condition, I feel she is totally and permanently disabled. I will see the patient back in three months. I feel the hydrocodone and Advil are reasonable and necessary.

11/02/12: The claimant was evaluated by PTA. She complained of neck pain, headaches, and interscapular pain. It was noted that she had very guarded cervical ROM with limitations in flexion of 10 degrees, extension 20 degrees, B SB 10 degrees, R rotation 10 degrees, L rotation 20 degrees. She had normal sensation and reflexes in her upper extremities. She had moderate tenderness in the cervical paraspinal region, upper trapezius, and interscapular region. CURRENT PLAN: PT 2 times weekly.

11/19/12: The claimant was reevaluated by MD. She stated that after working with PTA, she had better ROM but was still getting muscle spasms in her neck and pain that went behind her eyes. On physical exam, she had pain on extension and rotation of her neck to either side. Axial loading did not increase her pain. The upper extremities showed good strength and ROM. She was slightly hyperreflexic in her lower extremities. IMPRESSION: She has made progress in ROM and posture and strength. PLAN: I feel it would be helpful for her to finish the therapy for 6 more visits. I will see the patient back in a month. She has chronic pain as a result of this and there is going to be a component of this that will always be there. We are going to consider a TENS unit.

12/05/12: The claimant was evaluated and treated by PT. She underwent TENS unit trial. It was noted that she had made slight progress with cervical ROM. She stated that she thought the TENS unit may have helped briefly but was not sure of its lasting affect due to ROM testing performed afterward. Plan to progress with home exercise program education and attempt TENS unit again to determine possible benefit. Frequency of PT: Two times weekly. Duration of PT: 3 Weeks.

12/18/12: The claimant was evaluated and treated by PT. She did not tolerate exercises well. She reported increase in neck and head pain with exercises and attempted soft tissue in cervical spine. Plan for ½ more visits to finalize home exercise program and determine if TENS unit will be beneficial.

12/19/12: The claimant was reevaluated by MD. On physical exam, her neck and shoulders were slightly protracted. There was pain on extension and rotation of her neck to either side. The upper and lower extremities showed a slight increase in the reflexes. IMPRESSION: She has a mild head injury and a C2 fracture. I feel the patient is doing reasonably well. PLAN: I feel the hydrocodone is reasonable and necessary. I feel it is safe for her to see the dentist at this time.

12/20/12: The claimant was evaluated and treated by, PT. She stated that the TENS unit seemed to help after last session. She reported increased pain with stretching today. Plan for one more visit to issue TENS unit and review home exercise program.

12/21/12: The claimant was evaluated and treated by PT. She had not made progress with PT and tolerated PT interventions poorly. She had been educated on cervical ROM program to work on with home exercise program and had been issued a TENS unit for pain control as this had yielded reported benefit with last several sessions of trial. She will follow-up with her Dr. as needed and be DCd from PT. Short term goals: Compliance with home exercise program. Long term goals: Independence with home exercise program.

01/30/13: The claimant was reevaluated by MD. She was still having chronic persistent pain. It was noted that she had been swelling, especially in her sternoclavicular joint. She had been taking hydrocodone. It was noted that she had been tested with a TENS unit and had good results with it. On physical exam, her neck and shoulders were protracted. There was rigidity in that area. There was resistance on extension and rotation to either side. Axial loading did not increase her pain. There was pain in her AC joints bilaterally. There were no longer-tract findings noted. PLAN: I recommend the patient work on exercises for the neck, shoulders, and lower back. I will see the patient back in 2 months. The patient's overall prognosis is stable long-term.

02/05/13: UR performed by MD. RATIONALE: The patient complains of neck pain after an injury sustained on xx/xx/xx, secondary to a vehicular accident. As per 12/19/12, the patient was apparently doing well. The physical examination showed that the neck and shoulders were slightly protracted, with noted pain on extension and rotation bilaterally. There was also documented hyperreflexia on both the upper and lower extremities. This is a request for TENS unit. The duration of use for the TENS device was not specified, considering the reference guideline recommends a one-month trial period after which an evaluation will be done to assess the efficacy. The short- and long-term goals of treatment will likewise unspecified. It is also unclear whether the TENS unit will be utilized for home use or as an additional modality in the PT sessions. With all these factors considered, the medical necessity of the request is not substantiated at this time.

03/12/13: The claimant was reevaluated by MD. It was noted that she "had been using a TENS unit with the assistance of the therapist and they had her using it at home." She stated that she had significant reduction of symptoms from a level of

7 down to a level of 4. She was able to stand, walk, and exercise better with the TENS unit. On physical exam, her neck and shoulders were protracted. There was pain on extension and rotation to either side. Her shoulders were more relaxed. There was pain in her AC joints and sternoclavicular joints. No long-tract findings were noted. IMPRESSION: I feel that the patient is doing fair. PLAN: The TENS unit has reduced her symptoms significantly. She worked with PT and they instructed her with the use of it. Now that she doesn't have the TENS unit and her pain level has gone up to a level that is more than she can tolerate. I feel it is reasonable and necessary and related to the injury of 12/28/10 that she have a TENS unit. I will see the patient back in 2 months. PHYSICIAN ORDER: TENS Unit. DX: C2 FX. Short Term Goal: Reduction of neck pain. Long Term Goal: Decrease pain – daily.

03/20/13: UR performed by MD. RATIONALE: This patient is a female who reported an injury on xx/xx/xx. This case was previously reviewed and non-certified by Dr. due to lack of documentation indicating the length of time for which the patient underwent a trial with a TENS unit or to document short and long-term goals of treatment. The ODG detail that a TENS unit for the neck is not recommended as a primary modality for use in whiplash-associated disorders, acute mechanical neck disease, or chronic neck disorders with radicular findings. The general criteria for the use of TENS detail a recommendation for a 1 month trial period with a TENS unit with documentation of its use as an adjunct to ongoing treatment modalities with additional documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Additionally, there should be documentation of other ongoing pain treatment during the trial period including medication use and a treatment plan including the specific short and long-term goals of treatment with a TENS unit should be submitted. The documentation submitted for this review was lacking to indicate the length of time for which the patient underwent a trial with a TENS unit or to detail how often the unit was used as well as the outcomes in terms of pain relief and function, and there was a lack of documentation submitted for review to detail other ongoing pain treatment during the trial or to detail a treatment plan including specific short and long-term goals of treatment with a TENS unit.

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

The previous adverse decisions are overturned. As per ODG, criteria for TENS usage for chronic pain are: “(1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed (3) 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.” The records available indicate that these ODG criteria were met. There is documentation that the claimant has had pain for longer than the three month criteria. On 12/19/12, Dr. noted that she was taking hydrocodone. Physical therapy note by dated 12/21/12 documents that the

claimant “had not made progress with PT and tolerated PT interventions poorly.” Dr. note dated 03/12/13 indicates that she “had significant reduction of symptoms from a level of 7 down to a level of 4. She was able to stand, walk, and exercise better with the TENS unit.” This delineates improvement in both function and pain. A physician order is written “TENS Unit DX: C2 FX, Short term goal – Reduction of neck pain; long term goal – decrease pain – daily.” Based on the documentation provided, the request for TENS Unit E0730 Purchase meets ODG criteria and is medically necessary.

ODG:

<p>TENS, chronic pain (transcutaneous electrical nerve stimulation)</p>	<p>Criteria for the use of TENS: <i>Chronic intractable pain</i> (for the conditions noted above): (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed (3) 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 (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary <i>Form-fitting TENS device:</i> 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)</p>
---	--

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)**