MEDRx

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# Notice of Independent Review Decision

**DATE OF REVIEW:** 3/23/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**
The item in dispute is the prospective medical necessity of TENS Unit Trial Rental x 1 month, Cervical E0730, Electrodes Purchase A4595, Conductive Garment Purchase E0731, Cervical Pillo E0190.

**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 General Surgery.

**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 TENS Unit Trial Rental x 1 month, Cervical E0730, Electrodes Purchase A4595, Conductive Garment Purchase E0731, Cervical Pillo E0190.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**
The patient is a man who was seen a family physician, on xxxx. On xxxx he was exiting the area when the door came down and struck him on the left anterior aspect of the head. He had pain and dizziness. He did not have any bleeding or laceration. He did not require any stitches. He did not go to any doctors or emergency rooms right away.

Three days later, he was seen and treated. Originally, he had gone where he was examined and offered to have physical therapy. He was doing therapy with his arms with rubber bands.

There are no specific changes reported. saw him on  and sent him to Chiropractor. describes various terminologies of a subjective nature. He says the flexion is not inhibited but painful. He has a headache that comes and goes; it is not constant. He says it improves from midday and more so in the afternoon and evening.

does not describe actual measurements of range of motion. He says that this claimant has had extraction of his teeth and hernia repair. He had been on hydrocodone and cyclobenzaprine but he does not give the name of the anti-inflammitory. says that he has occasional use of alcohol and coffee products and moderate use of tobacco products but he does not give the names and how much. He was found to be 6’ 2” tall and weighed 205 pounds. There are no bruises, discoloration or lacerations of any part of the described. He says he has cervical restriction to 50% of normal but does not give what normal is. He says forward flexion and right and left rotation unrestricted. He says all three are painful. He says 75% of the normal extension but again he does not give what is normal.

gives various subjective statements of a chiropractic nature. He says he has facet joint pressure and joint challenge. He found neuromuscular to be intact with muscle testing of the shoulder being 5/5. He does not describe any loss of consciousness or any neurological deficit. He says he received no treatment on that day.

The records for are noted where he also continually gives subjective statements. He treated him for non-occupational nerve entrapment in the back of the head, what he called right great occipital nerve entrapment, which is a chronic non-occupational condition. gave him various medications including Norco for 30 days as well as naproxen and Robaxin. He does not describe any inflammatory changes to require further treatment. continued to see the

claimant on 12/19/12 and January 2013. There is no medical documentation that the claimant had any residual inflammatory changes on 12/19/12.

He was seen by the chiropractor on the same day. He treated him for non-occupational facet syndrome, dysfunction of the segment and myofascial pain. The claimant is being treated for non-occupational aging process changes as segmental dysfunction and facet syndrome are not related to the single episode described on the date of injury.

The request for TENS Unit is not documented with any correlating inflammatory changes. The claimant has been seen on a nearly weekly basis without showing any residual findings in relationship to the original injury of xx/xx.

On 1/9/13 stated that he had minimal improvement. He had tenderness in the posterior aspect, which is subjective in nature, and motion palpation showed segmental dysfunction but he does not describe actual range of motion or any neuromuscular deficit. He gave the claimant passive joint mobilization for 15 minutes and electrical stimulation in the posterior cervical interscapular region but does not show the benefit derived by such stimulation.

Similarly, on 1/16/13 describes continued use of Robaxin and Norco. He says he is slowly getting better but he still has pain. He says he is not moving his neck because of pain but he does not describe any muscle spasm, increase in temperature, or actual decrease in range of motion. He added Neurontin without adequate justification. He also refilled his narcotic Norco for an additional 30 days, which is beyond ODG guidelines. He does not give any objective findings for work restrictions or any named restrictions. He kept him off work because he says Southwest Airlines does not have work with restrictions and sent him home.

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

Recommend denial of requested services. Based on the review of the records, it is my expert medical opinion from the occupational medicine perspective, utilizing ODG guidelines as well as the medical literature that the requested services are not medically necessary and not medically appropriate in relationship to the single episode of xx/xx/xx.

**Rationale Basis for Decision:**

As per ODG guidelines discussing the use of TENS Unit, there is evidence lacking concerning the effectiveness of this modality. The ODG guidelines permit the use of TENS Unit in certain circumstances being clearly defined in the treatment guidelines:

a. There must be documentation of pain lasting three months and this criteria is not met in the medical records. The subjective symptom is not correlated with any inflammatory changes in the effected areas including muscle spasm, increase in temperature or actual measurement of decrease in range of motion, swelling, or deformity.
b. There should be evidence that appropriate pain modalitites have been tried and failed. This evidence is not noted as inconsistent report of impreovement is noted. No measurements of any kind in the form of muscle spasm or decrease in range of motion

are described. Pain is a symptom and subjective pain and tenderness in not documented with correlating neuromuscular deficit or decrease in range of motion.

c. There should be documentation of one-month trial of TENS Unit trial in order for a TENS Unit to be purchased. has been giving him some electric stimulation but there is no documentation of dates and measurements of actual effectiveness of such modality. The medical records contain no description of how often the unit is used and what is the outcome on pain and function.
d. There should be documentation of ongoing pain treatment in the medical records in the form of pain diagram or objective measurements in the form of range of motion or neuromuscular deficit.
e. The ODG treatment guidelines state there should be specific short and long-term goals of treatment with a TENS Unit. There is no evidence of this in the available records.

The source of the screening criteria/clinical basis to make the decision has been the ODG Official Disability Guidelines/Treatment Guidelines, the Mercy Center Consensus Congerence Guidelines and ACOM American College of Occupational and Environmental Guidelines.

Additional medical references include:

Deyo, R.A., et al, A controlled trial of transcutaneous electrical nerve stimulation an exercise for chronic low back pain, *New England Journal of Medicine*, 1990; 322 (23) 1627-1634.

Lampl, C., et al, Transcutaneous electrical nerve stimulation in the treatment of chronic pain, predicted factors and evaluation of method, *Clinical Jounal of Pain*, 1998; 14 (2) 134-142

**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)**

Deyo, R.A., et al, A controlled trial of transcutaneous electrical nerve stimulation an exercise for chronic low back pain, *New England Journal of Medicine*, 1990; 322 (23) 1627-1634.

Lampl, C., et al, Transcutaneous electrical nerve stimulation in the treatment of chronic pain, predicted factors and evaluation of method, *Clinical Jounal of Pain*, 1998; 14 (2) 134-142