



Southwestern Forensic  
Associates, Inc.

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

**DATE: January 14, 2013**

**IRO CASE #:**

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

The purchase of a TENS unit

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

Licensed chiropractor in the state of Texas for 21 years with extensive training and treatment of injured workers

**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 finds that a TENS unit is not found to be medically necessary for this patient.

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

1. DC, Office notes, 10/3/11 to 10/22/12
2. Forte', URA findings, 1/3/13
3. Designated Doctor report, 1/13/12
4. office notes, 1/7/03 to 3/7/07

5. office notes, 7/3/12
6. office notes, 11/16/11 to 6/20/12
7. MRI/lumbar, 10/10/11
8. Lumbar discogram, 11/21/02

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was injured on the job. The injury to the lumbar spine was reported to include pain and restrictions on range of motion and strength and there were also injuries to the upper extremities as well. The treating doctor has utilized physical therapy treatments along with chiropractic in an effort to return the patient to the workplace. MRI demonstrated protrusions at L4/5 and L5/S1.

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

TENS therapy is a passive modality with no known long term effects. The ODG's recommendation is that TENS not be utilized. The lack of positive outcomes with a TENS and the fact that it is, indeed, palliative is indicative that this treatment method is not medically indicated in this patient's condition. The patient has had what seems to be good care to this point and ongoing care with a TENS unit is not found to be medically necessary.

**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 judgment, 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 national accepted medical literature (provide a description).
- \_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)