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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/20/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: durable medical equipment, lumbar, TENS unit rental 30 days

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Anesthesiologist and Pain Management

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for Durable medical equipment, lumbar, TENS unit rental 30 days is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 05/16/13, 05/29/1310/09/12, 02/14/13
Letter dated 02/14/13
MRI lumbar spine dated 10/04/12
Handwritten physical therapy evaluation dated 10/05/12
Treatment plan dated 01/29/13-02/05/13
Occupational therapy note dated 02/05/13-02/12/13
Physical therapy note dated 01/16/13-02/05/13
Office visit note dated 10/26/12, 05/02/13
Prospective IRO review response dated 06/01/13
Letter from patient dated 05/18/13
Appeal/reconsideration acknowledgement letter dated 05/21/13
Physical therapy order dated 10/01/12
Utilization review determination dated 05/16/13, 05/29/1310/09/12, 02/14/13
Letter dated 02/14/13
MRI lumbar spine dated 10/04/12
Handwritten physical therapy evaluation dated 10/05/12
Treatment plan dated 01/29/13-02/05/13
Occupational therapy note dated 02/05/13-02/12/13
Physical therapy note dated 01/16/13-02/05/13
Office visit note dated 10/26/12, 05/02/13
Prospective IRO review response dated 06/01/13
Letter from patient dated 05/18/13
Appeal/reconsideration acknowledgement letter dated 05/21/13

Physical therapy order dated 10/01/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date she was picking up a bag and reported back, hip and right groin pain. MRI of the lumbar spine dated 10/04/12 revealed advanced degenerative disc disease at L1-2 lateralizes to the right and is associated with extensive discogenic endplate changes and right sided facet degeneration. The findings produce moderate right foraminal stenosis. The possibility of a recent osteochondral defect laterally to the right cannot be excluded. There are multifactorial degenerative changes at L4-5 including grade 1 anterior subluxation. The findings produce minimal central canal and foraminal stenosis. Similar changes are noted at L3-4 without anterior subluxation produce minimal central canal and foraminal stenosis. Per note dated 10/26/12, she has had no improvement with the use of physical therapy, NSAIDs or pain medications. The patient subsequently completed a functional restoration program. Office note dated 05/02/13 indicates that she has continued to have low back pain that radiates to her legs. The patient has refused an epidural steroid injection. On physical examination she has 5/5 strength in the upper and lower extremities bilaterally. Straight leg raising is positive on the right causing additional pain in the right groin.

The initial request for TENS unit rental 30 days was non-certified on 05/16/13 noting that TENS is not recommended by the Official Disability Guidelines for chronic lumbar pain. Per the Official Disability Guidelines: Not generally recommended as there is strong evidence that TENS is not more effective than placebo or sham. There is minimal data on how efficacy is affected by type of application, site of application, treatment duration, and optimal frequency/intensity. A large trial of 145 subjects showed no difference between placebo and TENS treatment. Although electrotherapeutic modalities are frequently used in the management of CLBP, few studies were found to support their use. TENS does not appear to have an impact on perceived disability or long-term pain. It is also not known if adding TENS to an evidence-based intervention, such as exercise, improves even more outcomes, but studies assessing the interactions between exercise and TENS found no cumulative impact. On June 8, 2012, the Centers for Medicare and Medicaid Services (CMS) issued an updated decision memo concluding that TENS is not reasonable and necessary for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. Additionally, the patient has already gone through a 20 session chronic pain management program that emphasized coping strategies, home exercises and self-treatment strategies. Prescribing a TENS would undermine the importance of an internal locus of control. The denial was upheld on appeal dated 05/29/13 noting that additional records were not provided for review. Official Disability Guidelines does not generally recommend TENS units. There is strong evidence that TENS is not more effective than placebo. The claimant has already undergone physical therapy and a chronic pain management program without documentation of improvement.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has undergone extensive treatment to date including a tertiary level chronic pain management program without documented improvement as a result of any treatment. The Official Disability Guidelines do not support the use of TENS to treat chronic low back pain noting that there is strong evidence that TENS is not more effective than placebo or sham. Although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. TENS does not appear to have an impact on perceived disability or long-term pain. It is also not known if adding TENS to an evidence-based intervention, such as exercise, improves even more outcomes, but studies assessing the interactions between exercise and TENS found no cumulative impact. There are no specific, time-limited treatment goals provided. As such, it is the opinion of the reviewer that the request for Durable medical equipment, lumbar, TENS unit rental 30 days is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM-AMERICA 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)