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Notice of Independent Review Decision

**Date notice sent to all parties:** 03/24/14

**IRO CASE #:**

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

TENS unit purchase for the lower back

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

Board Certified in Family Practice  
Board Certified in Preventive & Occupational Medicine

**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 of the health care services in dispute.

TENS unit purchase for the lower back - Upheld

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

examined the claimant on 10/16/13 for his xx/xx/xx date of injury. He heard a pop in the lower back. He complained of upper, mid, and lower back pain. He was 65

inches tall and weighed 218 pounds. He had slight pain to palpation in the lower back and slight warmth to the lower back. Strength, sensory, and motor were noted to be decreased and the claimant was able to toe and heel walk with slight pain and tightness to the lower back. The assessment was a lumbar sprain. He was returned to work without restrictions and Celebrex was prescribed. On 10/19/13, reexamined the claimant. He felt better and his pain level was 1/10. He had some spasms in the lumbosacral area. It was felt his sprain was improved and x-rays of the lumbosacral spine were noted to be normal. On 11/15/13, the claimant continued to have low back pain with spasms, especially when he was at rest after work. His current medications were Celebrex and Methocarbamol. He had pain more to the right side of his low back with spasm at the center. Straight leg raising was negative bilaterally. Neurological examination was normal. His medications were continued and he was continued on modified duty. He was also referred for therapy. On 12/09/13, the claimant informed he continued with pain to his lower back. He noted his medications were helping, but if he did not take them, his pain increased from 1/10 to 5/10. He had increased tightness in the low back. He had lumbosacral spine tenderness and spasms. Straight leg raising was again negative bilaterally. There was no weakness of the bilateral thighs and when he stood on his toes or heels, he complained of tightness to his lower back. Neurological examination was again within normal limits. Methocarbamol and Celebrex were continued. Modified duty was continued and therapy was again recommended. A tramadol diacetate injection was provided. On 12/17/13, wrote a Letter of Medical Necessity for a TENS unit and supplies. On 12/18/13, with provided a preauthorization request for a TENS unit rental and one month of supplies. On 01/16/14, provided an adverse determination for the requested TENS unit purchase for the low back. On 01/07/14, provided a TENS unit Progress/Evaluation Report. He noted the claimant had increased function with the use of the TENS unit. His pain prior to use of the TENS unit was 5/10 and after was 1-2/10. It was felt the use of the unit would allow him to continue working without pain or discomfort. The request was for one year or more. On 01/09/14, provided a reconsideration for the requested TENS unit rental and one month of supplies. The claimant returned on 01/10/14. He still had slight pain and noted he had been using the TENS unit and it was helpful. He complained that his pain was moving up and he still had back spasms. He had lumbosacral spine tenderness and spasm and he could stand on his toes. He complained of a "stretching" to his lower back along with slight pain while standing on his heels. Neurological examination was normal. He was continued on work restrictions and he was to complete his three sessions of therapy. On 01/31/14, with Healthcare, provided a request for authorization of the purchase of a TENS unit. On 02/06/14, provided another adverse determination for the requested TENS unit purchase for the lumbar spine. On 02/14/14, reexamined the claimant. He was doing better. He noted he had been using the TENS unit and it was of great help in allowing him to work without hurting himself. Examination was unchanged. It was felt the sprain of his back was healed. He was asked to follow-up in one month and if he was okay, they would close the case. On 03/03/14, wrote another Letter of Medical Necessity for the TENS unit purchase. He noted the ICD-9 Code was

846.0 and he had previously received manipulation, massage therapy, heat/ice treatment, and therapy.

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

The records have documented that as part of the individual's treatment, he utilized a TENS unit. As best as I can determine from the information provided, he used the TENS unit for at least a month. When he was seen on 02/14/14, offered the opinion that the sprain of the back was healed. In regard to the TENS unit, I would note that the ODG states that for low back conditions these units are not recommended as an isolated intervention, but a one month home based TENS trial maybe considered as a non-invasive conservative option for chronic back pain if used as an adjunct to a program of evidence based conservative care. It is anticipated that this is to help achieve functional restoration, including reduction in medications uses. TENS units are not recommended however, for acute back pain. According to the ODG, even for chronic conditions, these units are not generally recommended, as there is strong evidence that TENS is not more effective than placebo. A recent MediAnalysis concluded that the evidence from a small number of placebo controlled trials does not support the use of TENS unit in the routine management of chronic low back pain. The ODG reports that on 06/08/12, issued an updated decision memo concluding that a TENS unit is not reasonable and necessary for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness.

Thus, taking all aspects into consideration, it is noted that this individual appears to have had a lumbar sprain/strain. The course of the case has followed the usual expected natural history and it appears that by 02/14/14, the condition had resolved and it was the opinion that the sprain in the back was healed. While the limited use of the TENS presumably combined with home exercises and therapy was reportedly beneficial, at this point there would be no indication that ongoing use of this TENS unit would be medically supported and certainly would not be in line with the clinical literature as referenced by the ODG. Therefore, the requested TENS unit purchase for the lower back would not be appropriate or supported by the ODG and the previous adverse determinations should be upheld at this time.

**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)**