

Notice of Independent Review Decision

**May 22, 2014**

**IRO CASE #:**

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

Preauthorize TENS UNIT RENTAL (E0730)

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. The physician has been in practice since 1998 and is licensed in Texas, Oklahoma, Minnesota and South Dakota.

**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.

*Upon independent review, the physician finds that the previous adverse determination should be upheld*

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

Records Received:.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was reportedly injured at work on xx/xx/xx. The patient continues with symptomatic complaints of low back pain. The claimant has had previous physical therapy as well as lumbar rhizotomies. Additional treatment previously rendered included epidural steroid injections and medial branch blocks. Following the rhizotomies, the claimant reported 90% improvement but continued with low back pain.

# The DYLL REVIEW

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25 Highland Park Village #100-177 Dallas TX 75205

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

ODG does not recommend TENS as a primary treatment modality. It may be used as a noninvasive conservative option only as an adjunct to a program of evidence-based functional restoration. In this case, the patient has had facet rhizotomy procedures with an overall improvement in his pain scale. The claimant continues to work his regular duties on the job, and the only suggestion for the use of the TENS is to try to get the claimant off all of the current pain medications. This is not one of the criteria for use of a TENS unit, according to ODG. In addition, as the patient is fully able to perform usual work duties, it is not felt that the TENS unit would offer additional benefits in that regard.

A previous review indicated that there had been a TENS unit trial during a period of physical therapy. However, this is not delineated as to length of the trial.

### **ODG -TWC**

*ODG Treatment*

*Integrated Treatment/Disability Duration Guidelines*

**Low Back - Lumbar & Thoracic (Acute & Chronic)**

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<p>TENS (transcutaneous electrical nerve stimulation)</p>	<p>Not recommended as as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based <a href="#">conservative care</a> to achieve <a href="#">functional restoration</a>, including reductions in medication use.</p> <p><i>Acute:</i> Not recommended based on published literature and a consensus of current guidelines. No proven efficacy has been shown for the treatment of acute low back symptoms. (<a href="#">Herman, 1994</a>) (<a href="#">Bigos, 1999</a>) (<a href="#">van Tulder, 2006</a>)</p> <p><i>Chronic:</i> Not generally recommended as there is strong evidence that TENS is not more effective than placebo or sham. (<a href="#">Airaksinen, 2006</a>) There is minimal data on how efficacy is affected by type of application, site of application, treatment duration, and optimal frequency/intensity. (<a href="#">Brousseau, 2002</a>) There are sparse randomized controlled trials that have investigated TENS for low back pain. One study of 30 subjects showed a significant decrease in pain intensity over a 60-minute treatment period and for 60 minutes after. (<a href="#">Cheing, 1999</a>) A larger trial of 145 subjects showed no difference between placebo and TENS treatment. (<a href="#">Deyo, 1990</a>) Single-dose studies may not be effective for evaluating long-term outcomes, or the standard type of use of this modality in a clinical setting. (<a href="#">Milne-Cochrane, 2001</a>) (<a href="#">Sherry, 2001</a>) (<a href="#">Philadelphia Panel, 2001</a>) (<a href="#">Glaser, 2001</a>) (<a href="#">Maher, 2004</a>) (<a href="#">Brousseau, 2002</a>) (<a href="#">Khadikar, 2005</a>) (<a href="#">Khadikar2, 2005</a>) Although electrotherapeutic modalities are frequently used in the management of CLBP, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain. Highfrequency TENS appears to be more effective on pain intensity when compared with low frequency, but this has to be confirmed in future comparative trials. 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. (<a href="#">Poitras, 2008</a>) For more information, see the <a href="#">Pain Chapter</a>.</p> <p><i>Recent research:</i> A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic LBP. There was conflicting evidence about whether TENS was beneficial in reducing back pain intensity and consistent evidence that it did not improve back-specific functional status. There was moderate evidence that work status and the use of medical services did not change with treatment. Patients treated with acupuncture-like TENS responded similarly to those treated with conventional TENS. (<a href="#">Khadilkar-Cochrane, 2008</a>) On June 8, 2012, the Centers for Medicare &amp; 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. Coverage is available only if the beneficiary is enrolled in an approved clinical study. (<a href="#">Jacques, 2012</a>)</p>
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## 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)