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[Date notice sent to all parties]:

01/18/2016

IRO CASE

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: TENS unit and conductive garment

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

Board Certified PM&R; Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is XX/XX/XX. The patient was driving when he turned around a curved street, and the X in the truck shifted causing the truck to flip over injuring his neck. MRI of the cervical spine dated XX/XX/XX revealed the patient is status post fusion C3-4 through C4-5. There is cervical spondylosis, worse at the C5-6 level, with central stenosis. Note dated XX/XX/XX indicates that the patient's pain has been worsening. The location is in the cervical spine and radiating down to the left arm. Pain level is 3/10. Note dated XX/XX/XX indicates that current medications are hydrocodone and gabapentin. On physical examination there is tenderness to palpation over the left C3-4 region. Cervical range of motion is flexion 20, extension 20, right rotation 50 and left rotation 40 degrees. Strength is 4/5 in the left upper extremity and 5/5 in the right upper extremity. Deep tendon reflexes are 2+/4 equal bilaterally in the upper extremities. Spurling's is positive and axial loading is negative. Assessment notes cervicalgia, opioid taper and cervical radiculopathy. Progress note dated XX/XX/XX indicates that the patient is doing well with taper. Progress note dated XX/XX/XX indicates that neck pain is doing better, but low back pain is doing the same. Current

medications are Trexiz and gabapentin. On physical examination there is tenderness to palpation left C5-7. Cervical range of motion is flexion 25, extension 20, right rotation 50 and left rotation 60 degrees. Sensation is intact.

Initial request for TENS unit and conductive garment was non-certified on XX/XX/XX noting that there is no discussion whether the claimant has received a trial of TENS unit with muscle stim use with physical therapy services, with objective and functional benefit noted. There is limited evidence that the claimant has received benefit from e-stim and/or TENS unit with muscle stim as part of therapy services. There is no clear indication as to how this modality will impact functional status in a positive manner. The denial was upheld on appeal dated XX/XX/XX noting that it is not known if the claimant has used a TENS unit in any type of supervised setting to support this request.

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

Based on the clinical information provided, the request for TENS unit and conductive garment is not recommended as medically necessary, and the two previous denials are upheld. There is insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted records fail to establish that the patient has undergone a successful trial of TENS to establish efficacy of treatment as required by the Official Disability Guidelines. The Official Disability Guidelines note that there is very low quality evidence that transcutaneous electrical nerve stimulation (TENS) is more effective than placebo. There are no specific, time-limited treatment goals provided. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.

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

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG Neck and Upper Back Chapter 2016

TENS (transcutaneous electrical nerve stimulation)

Not recommended as a primary treatment modality, but a one-month home-based TENS trial for neck pain may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Outcomes compared to placebo are not proven in use for whiplash-associated disorders, acute mechanical neck disease, or chronic neck disorders with radicular findings, as evidence is conflicting. (Aker, 1999) (Bigos, 1999) (Gross-Cochrane, 2002) (Kroeling-Cochrane, 2005) (Vernon, 2005) (Jensen, 2007) There is very low quality evidence that transcutaneous electrical nerve stimulation (TENS) is more effective than placebo. Current evidence for TENS shows that this modality might be more effective than placebo but not other interventions. (Kroeling, 2009) For an overview and treatment of other conditions, see the Pain Chapter.