



# PROFESSIONAL ASSOCIATES

**DATE OF REVIEW:** 04/13/07

**IRO CASE #:**

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

Repeat needle EMG/NCV study of the bilateral lower extremities

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

Board Certified in Neurology

**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 or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An evaluation by D.C. dated 12/21/06

An evaluation with M.D. dated 12/21/06

A behavioral health evaluation with (no credentials were listed) dated 01/22/07

A preauthorization request from M.D. dated 02/21/07

An impairment rating evaluation with M.D. dated 02/23/07  
A peer review from M.D. dated 02/23/07  
A letter of non-certification from Dr. dated 02/26/07  
An appeal letter from Dr. dated 03/01/07  
A letter of non-certification from D.C. dated 03/07/07  
A letter of non-certification from dated 03/08/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

On 12/21/06, Dr. recommended chiropractic therapy. On 12/21/06, Dr. prescribed Zoloft and Soma and recommended a lumbar discogram and home treatment program. On 01/22/07, Mr. requested six individual therapy and three medication management sessions. On 02/21/07, Dr. requested a repeat bilateral lower extremity EMG/NCV study. On 02/23/07, Dr. felt the patient was not at Maximum Medical Improvement (MMI) and noted he was scheduled for a radiofrequency thermocoagulation. On 02/23/07 and 02/26/07, Dr. wrote letters of non-certification for a repeat EMG/NCV study. Dr. wrote a letter of appeal on 03/01/07. On 03/07/07 and 03/08/07, Dr. wrote letters of non-certification for the EMG/NCV study.

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

Based on the records available for review, an EMG/NCV study of the bilateral lower extremities with needle examination is not reasonable and necessary. The patient has evidence of a radiculopathy clinically. I agree with Dr. Prychodko's assessment using the ODG Treatment Guidelines and the ACOEM Guidelines. If a radiculopathy is plainly obvious, then an EMG/NCV study is not necessary. The lumbar discogram is not an appropriate procedure in any regard and an EMG/NCV study is not done prior to discogram being performed. Therefore, it is my opinion for the reasons stated above that the repeat needle EMG/NCV study of the bilateral lower extremities is not reasonable or 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 AND KNOWLEDGE BASE**
- 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)**