



DATE OF REVIEW:

04/05/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CPT codes 95860 -2 units, 95903 - 3 units, 95900 - 3 units, and 95904 - 4 units.

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

Board Certified Chiropractor

REVIEW OUTCOME

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

Upheld (Agree)

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.

The medical necessity for the application of the items in dispute captioned above, electrodiagnostic studies (CPT codes 95860 -2 units, 95903 - 3 units, 95900 - 3 units, and 95904 - 4 units) dated 01/26/2007, is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 03/20/07
- MCMC: Referral dated 03/20/07
- Rehab Center: Response to the IRO Assignment and Request for Medical Records dated 03/23/07 from D.C.
- Letter dated 03/20/07 from RN
- DWC: Notice of Assignment of Independent Review Organization dated 03/16/07 from
- LHL009: Request For A Review By An Independent Review Organization dated 03/03/07
- Letters dated 02/12/07, 01/29/07
- D.C.: Appeal Review of 02/06/07
- Rehab Center: Request for Reconsideration dated 02/05/07 from D.C.
- Facsimile Transmission Cover Sheet dated 01/27/07 from Ms. LVN, with a note
- Rehab Center: Pre-Authorization Request dated 01/23/07

- Rehab Center: Re-Evaluation Narrative dated 01/16/07 from D.C.
- DWC:69: Report of Medical Evaluation dated 04/21/04
- DWC-53: Employee's Request to Change Treating Doctors dated 09/28/06
- P.A.: Letter dated 09/11/06
- M.D.: Physician Advisor Review dated 05/17/06
- P.A.: Office Visit note dated 03/27/06
- Hospital: Operative Report dated 10/28/02 from M.D.
- Medical Neurological Diagnostics: Lower Extremity Electrodiagnostic Report dated 08/27/02 from D.O.
- Medical: MRI lumbar spine dated 07/19/02

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual is a male who was allegedly injured during the course of his normal employment. The history reveals that he reported falling off of a table and landing on his buttocks and hitting his head in the process. He reported pain in the neck, head and low back. MRI examination dated 07/19/2002 revealed multilevel disc protrusions. Electrodiagnostic examination dated 08/29/2002 indicated L4, L5 and S1 nerve conduction irregularities. Low back surgery was performed on 10/28/2002. The documentation indicates that the injured individual has participated in medication management and prior chiropractic care. The injured individual submitted a change of doctor request and presented to the office of the current attending physician (AP) on 01/16/2007. The AP opined that referrals to an orthopedic entity as well as repeat electrodiagnostic studies were a necessary part of the injured individual's course of future care.

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

The documentation fails to establish the rationale or medical necessity for the administration of the repeat electrodiagnostic studies. The documentation does not reveal any significant neurologic deficits that would lead to the procurement of repeat electrodiagnostic studies. The examination dated 01/16/2007 reported normal reflexes, and only slight hypoesthesias in the bilateral lower extremities and minimal motor deficits of 4/5 in the bilateral lower extremities. Furthermore, the documentation does not reveal any progressive neurologic deficits that would require the administration of the procedure in question. Additionally, the documentation reveals no new significant symptoms from the period from 2002 to 01/16/2007 that would develop the medical necessity for or naturally lead to the procedure in question. Lastly, the documentation reveals no significant exacerbatory incident that would necessitate the repeat electrodiagnostic studies.

As such, consistent with the above discussion and rationale, the medical necessity for the above captioned procedure(s) is not established.



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

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

MILLIMAN CARE GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

Policies of Electrodiagnostic Medicine: American Association of Neuromuscular Electrodiagnostic Medicine, American Academy of Neurology, American Academy of Physical Medicine and Rehabilitation.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

North American Spine Society Guidelines, Texas Medical Fee Guidelines,