

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: April 30, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Nerve Study Procedure (95926, 95903, 95904, 95934). Date of Service: 10/4/06

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

Board Certified, Neurology; Diplomate, American Board of Pain 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Insurance Company, 04/17/07
- M.D., 07/05/06, 07/19/06, 08/08/06
- Diagnostics, 07/20/06
- M.D., 09/28/06
- M.D., 03/20/07

PATIENT CLINICAL HISTORY:

The patient developed low back pain and right sciatica as a result of a lifting injury. Neurological examination was unremarkable except for hypesthesia in a right L5-S1 dermatomal distribution.

MRI of the lumbar spine revealed a right paracentral inferiorly extruded disc at L4-5 with slight disc displacement of the L5 nerve root.

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

Regarding questions of electrophysiological diagnosis for a lumbar radiculopathy, according to the Official Disability Guidelines Treatment in Workers' Compensation, 2006 Edition, EMGs may be useful to obtain equivocal evidence of radiculopathy after one month post-surgical therapy. EMGs are not necessary if radiculopathy is already clearly obvious (i.e. Bigos 1999, Ortez/Corredor 2003). In this particular case, an EMG of the right leg to document whether there was axonal involvement of the right L5 nerve root was reasonable and appropriate. However, nerve conduction studies, H reflexes, and somatosensory studies are not reasonable and necessary. These do not help in determination of radiculopathy involving the left L5 nerve root and are not indicated.

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)**