

DATE OF REVIEW: FEBRUARY 22, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat electrodiagnostic studies of both lower extremities (NCV/EMG).

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

Physician 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

- TDI worksheets
- Request for reconsideration from records
- records
- records of from

PATIENT CLINICAL HISTORY [SUMMARY]:

This person was injured on while working as a foreman stacking boxes at in columns of three's. He felt a sharp pain in his low back and was allowed to go home for the rest of the day. The back pain continued and reportedly began to radiate into his left leg. MRI scan of the lumbar spine on 8/18/03 reported posterior disc herniation of 5mm at L4-5 and high-grade central canal stenosis at that level and a 2mm disc bulge at L5-S1. The patient underwent EMG/NCV testing of both lower extremities on 8/12/04. Both the summary and the data from the study were available for review. The study revealed a mild axonal neuropathy in both lower extremities on nerve conduction studies. The needle electrode studies in both lower extremities were normal. The MRI report of the lumbosacral spine study of 8/18/03 was available for review.

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

PATIENT HAS HAD ONLY CONSERVATIVE THERAPY. MRI SCAN REPORTED DISC HERNIATION AT L4-5 AND LUMBAR SPINAL STENOSIS. THERE ARE NO REPORTS OF 0-1/4 MUSCLE STRETCH REFLEXES IN THE LOWER EXTREMITIES. NO REPORT OF MUSCLE STRETCH REFLEXES IN THE UPPER EXTREMITIES. THERE ARE REPORTS OF 'ATROPHY' IN THE LOWER EXTREMITIES. THE PATIENT HAD A NORMAL NEEDLE ELECTRODE STUDY ALMOST THREE YEARS AFTER HIS ORIGINAL INJURY. THERE IS NO INDICATION IN THE RECORDS PROVIDED OF ANY NEW OR DIFFERENT NEUROLOGICAL FINDINGS IN THIS PATIENT.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. AS ABOVE, THERE IS NO INDICATION OF ANY NEW OR DIFFERENT NEUROLOGICAL HISTORY OR NEUROLOGICAL EXAM FINDINGS OTHER THAN THE REPORT OF 'ATROPHY' IN THE LOWER EXTREMITIES. THE PATIENT HAD A NEGATIVE EMG ALMOST THREE YEARS AFTER THE ORIGINAL INJURY. THE MILD PERIPHERAL NEUROPATHY AND, FOR THAT MATTER, HYPOREFLEXIA TO AREFLEXIA BOTH MOST LIKELY CONSISTENT WITH THE PATIENT'S REPORTED HISTORY OF DIABETES MELLITUS. THE PATIENT ALSO APPARENTLY HAS A HISTORY OF PARKINSON'S DISEASE. WITH THE KNOWN NEGATIVE NEEDLE ELECTRODE STUDIES ON EMG TESTING IN THE MOST LIKELY CAUSE FOR THIS PATIENT'S ATROPHY IS DISUSE ATROPHY. THERE IS NO COMMENT ON ANY FOCALITY TO THE ATROPHY TO SUGGEST A SPECIFIC NERVE ROOT INVOLVEMENT COMPONENT TO THE ATROPHY. THERE IS NOT GOING TO BE FINDING OF NERVE ROOT INVOLVEMENT THIS FAR OUT AFTER THIS PATIENT'S LOW BACK INJURY WITH A NEGATIVE NEEDLE ELECTRODE STUDY ALREADY IN THERE IS NO MEDICAL NECESSITY ESTABLISHED FOR ANOTHER EMG TO INVESTIGATE A BACK INJURY WITH A NEGATIVE NEEDLE ELECTRODE STUDY THREE YEARS AFTER THE FACT.

Medical Review of Texas

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)