

P-IRO Inc.

An Independent Review Organization

835 E. Lamar Blvd., #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 866-328-3894

DATE OF REVIEW: 7-29-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat EMG/NCV of the lower extremities

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

Licensed Chiropractor

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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

Case Assignment from TDI 7-23-07, dated 7-13-2007 and 7-02-2007, Dr. letter dated 7-02-2007, 6-21-2007, 5-10-2007, 02-01-2007, Report Dr. 4-24-2007, 1-11-2007, Institute 6-04-2007, CT myelogram scan Lumbar spine 7-13-2004, Quest Lab work 4-27-2007, MRI lumbar spine 1-20-2003, X-ray 07-14-2003, MRI cervical spine 4-22-2003

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant reported an injury. Records indicate that the injured employee sustained a compression fracture at L3, lumbar disc protrusions, cervical disc

protrusions, and impotence secondary to work related injury. MRI of the cervical and lumbar spine was positive for multiple disc pathology. Prior electrodiagnostic evaluation reported radicular involvement at L5-S1 on the left and L3-L5 on the right. Dr. has been seeing the injured employee and has indicated that there are progressive symptoms and is currently requesting a current electrodiagnostic study to check for active radiculopathy and to determine a proper treatment plan.

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

The injured employee reported an occupational injury. The injured employee currently meets the AAEM Guidelines and Electrodiagnostic Guidelines as indicated by Preston and Shapiro. EMG/NCV study would be indicated as the injured employees condition has changed. Additionally, a current study would indicate any progression or changes in the condition. The AAEM has numerous indications for performing a repeat electrodiagnostic study.

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**
 - AAEM Guidelines and Electrodiagnostic Guidelines as indicated by Preston and Shapiro