



IMED, INC.

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DATE OF REVIEW: 06/04/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Nerve conduction velocity testing and electrodiagnostic assessment to one extremity.

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

Texas License and currently on TDI DWC ADL.
Board Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. EMG/NCV study dated xx/xx/xx.
2. Documentation from Dr. dated 04/02/07 & 04/25/07.
3. Ultrasound of the abdomen report dated 04/06/07.
4. Lumbar spine MRI report dated 04/06/07 & 04/27/07.
5. HIDA scan dated 04/07/07.
6. Preauthorization request/appeal dated 04/23/07
7. Medical denials 04/18/07, 04/26/07.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The medical records available for review document that the employee was evaluated by Dr. on xx/xx/xx. The employee was with complaints of low back pain and bilateral lower extremity pain after extending above his head. There were no neurological deficits present on physical examination of the lower extremities. The employee underwent lumbar spine fusion to the L5-S1 level on xx/xx/xx. The employee also underwent a posterior lumbar interbody fusion procedure with instrumentation on xx/xx/xx. It was noted that an electrodiagnostic

assessment had been previously obtained on xx/xx/xx. On 04/02/07, the employee received treatment in the form of trigger point injections.

On 04/06/07, the employee underwent a lumbar MRI, which revealed evidence for a circumferential disc bulge at L3-L4. There was evidence for pedicle screws at L4-L5 and L5-S1. The report did not describe the presence of any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine.

An ultrasound of the abdomen was obtained on 04/06/07 and revealed findings consistent cholelithiasis and mild splenomegaly.

A HIDA scan was accomplished on 04/07/07, which revealed evidence for normal visualization of the gall bladder and excretion into the small bowel.

A lumbar MRI was accomplished on 04/27/07, which revealed evidence for a disc bulge at the L3-L4 level. The report did not describe the presence of any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine. There was also evidence for previous lumbar spine surgery at L4-L5 and L5-S1.

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

A physician evaluation dated 04/02/07 did not describe the presence of any neurologic deficits to be present on physical examination of the lower extremities. Additionally, it was documented that an electrodiagnostic assessment had previously been accomplished on xx/xx/xx, approximately thirteen years after the date of injury.

Based upon the medical documentation available for review, an electrodiagnostic assessment would not presently be of necessity. In the recent past, two lumbar MRI studies have been accomplished on 04/06/07 and 04/27/07. These studies did not reveal the presence of any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine.

Official Disability Guidelines would not support a medical necessity for an electrodiagnostic assessment when one was accomplished approximately thirteen years after the date of injury and there does not appear to be any new neurologic deficits on physical examination. Additionally, the textbook, *Clinical Orthopedics* by, would not support a medical necessity for anelectrodiagnostic assessment in this specific case. There was no documentation that would support a need for such a diagnostic study in this particular case, as there was no documentation to indicate that the results of such testing would have any effect upon a proposed treatment plan for management of the subjective pain complaints.

Consequently, based upon the medical documentation available for review, an electrodiagnostic assessment would not appear to be of medical necessity in this specific case.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines,

IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- A. *Official Disability Guidelines*
- B. *Clinical Orthopedics*