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Notice of Independent Review Decision

DATE OF REVIEW: October 26, 2007

IRO CASE #:

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

This case was reviewed by a neurological surgeon, Licensed in Texas. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG, lower extremities

REVIEW OUTCOME

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

Overtured (Disagree)

REVIEW OF RECORDS

- o Submitted medical records were reviewed in their entirety.
- o August 17, 2007 utilization review report from Corp.
- o September 7, 2007 utilization review report from Corp.
- o October 19, 2007 letter
- o August 9, 2007 letter from, M.D.
- o August 28, 2007 utilization review letter from Corp.
- o August 28, 2007 appeal letter from M.D.

CLINICAL HISTORY SUMMARY

According to the medical records, the patient sustained an industrial injury involving a motor vehicle accident. The patient has a history of L3-L5 lumbar fusion. He complains of low back pain, mid back pain, and upper back pain with numbness, pins/needles, tingling, burning, and weakness.

A CAT scan was performed on January 12, 2007 and reportedly showed paracentral stenosis at L2-3 due to facet joint hypertrophy. Physical examination findings includes normal sensation, normal reflexes, and normal motor strength. The patient was treated with a lumbar epidural steroid injection on July 18, 2007 and subsequently on August 17, 2007. A third lumbar injection was non-certified in peer review as the report states that the available information does not indicate that the patient has clinical findings consistent with lumbar radiculopathy and there's no indication that he experienced significant, sustained relief from the injections.

An August 9, 2007 letter from the requesting physician states that the patient underwent a designated doctor examination. The designated doctor reportedly requested an EMG of the lower extremities. The physician stated that he ordered this test per the request of the designated doctor.

An August 17, 2007 utilization review report states that the conversation was held with the requesting physician on August 16, 2007. The patient is status post lumbar fusion with no reported radicular neurologic deficits per the exam of July 16, 2007. The peer-review physician cited the Official Disability Guidelines and rendered a non-certification for the request of EMG.

An appeal letter is submitted by the treating physician, dated August 28, 2007. The letter states that there is no rational basis for the denial and it was reiterated that the EMG of the lower extremities was ordered at the request of the designated doctor.

A September 7, 2007 peer review report states that the patient has significant spinal stenosis at L2-3, a junctional syndrome above the previous L3-4 and L4-5 fused levels. The physician opined that the patient's symptoms and findings are consistent with radiculopathy originating from the pathology at the L2-3 level. The reviewer stated that the EMG will not add any useful information and will not alter treatment recommendations for the patient as the radiculopathy is already clinically obvious. Therefore, the requested bilateral lower extremity EMG was deemed not medically necessary.

ANALYSIS AND EXPLANATION OF DECISION

The patient is noted to have radicular-type symptoms in the form of pins/needles, numbness, and weakness. He demonstrates paracentral stenosis at the L2-3 level due to facet joint hypertrophy. However, the available physical examination findings do not suggest radiculopathy. As noted above, the designated doctor has reportedly requested an EMG of the bilateral lower extremities as part of his evaluation. Given the discrepancy between physical examination findings, subjective complaints, and imaging findings, as well as the designated doctor request for this test, I recommend to overturn the determination to non-certify a bilateral lower extremity EMG.

The IRO's decision is consistent with the following guidelines:

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

According to ACOEM guidelines, page 303, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery and option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks."

Official Disability Guidelines of Treatment in Worker's Compensation (2007), EMG. Recommended (needle, not surface). EMG's (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. No correlation was found between intraoperative EMG findings and immediate postoperative pain. EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended.