



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 10/07/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

An EMG for evaluation of left lower extremity radiculopathy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Family Practice physician with an M.D. degree in private practice in Texas.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

The following documents were presented and reviewed.

1. TDI assignment-September 20, 2007
2. Letter from -September 24, 2007
3. ODG Guidelines for Low Back, undated
4. URA denials-September 4 to September 11, 2007
5. MD-Office Notes and Records-February 29, 1996 to September 11, 1996
6. Center-MRI reports-February 11, 1993 to December 29, 1998
7. MD, ESI report-July 15, 2003.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient is a xx-year-old male with underlying lumbar disc disease and a chronic lumbar radiculopathy involving the L5 nerve root on the left. He continues to have pain and discomfort and objective findings on exam.

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

This patient has had weak dorsiflexion of the left foot at least since 10/09/98, by review of the records. Dr. notes show that on 08/20/07, the patient complained of no weakness and no changes in his symptoms of weakness. Dr. records dated 07/28/03, show a foot drop by examination on the left. Dr. records of 07/15/03, 05/18/03, 11/18/02, 06/14/02, and 12/19/00, show a reduced ankle jerk in the left ankle. All of these office record notes confirm the presence of a chronic L5 left lumbar radiculopathy. The prior EMG dated 02/29/96 revealed a left L5 radiculopathy, which appeared even at that time to be chronic in nature under the impression of the interpreting physician. There is no medically necessary or significant medical basis for repeating an EMG in the face of already documented radiculopathy. This radiculopathy has been documented by several examinations, patient history and the EMG, and it is already confirmed. An EMG will offer no further confirmation. Even if an EMG is performed and is found to be abnormal, this will result in no change in the way the patient is managed. For these reasons, the EMG is not clinically necessary.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)