

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW:

4-28-2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Needle Electromyography, four extremities with or without related paraspinal areas

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

Doctor of Chiropractic

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

OD Guidelines

Request IRO form

MDR Request

Adverse Determination Letters, 2-15-2008, 3-18-2008

MRI cervical spine 5-23-2007

MRI lumbar spine 4-16-2007
X-rays 4-30-2007
EMG/NCV MD
ESI operative reports 7-17-2007, 10-02-2007, and 1-29-2008
Response to DDE 7-03-2007
Reports 7-11-2007, 9-18-2007
Center report 1-31-2008 re-eval 12-21-2007
Dr. reports 9-17-2007, 8-20-2007, 6-04-2007, 8-22-2007, 7-23-2007

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury. The injured employee has undergone therapy, epidural injections, MRI C/L spine, EMG/NCV C/L spine, and DDE. The patient's condition has worsened.

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

The injured employee currently does meet the required guidelines/medical necessity for a repeat needle EMG to evaluate current condition/status of the nerves not just to determine evidence of radiculopathy. Electrodiagnostic studies can identify the specific level of root injury and can also differentiate root injury and other peripheral nerve lesions that might produce similar symptoms. These studies are also the only ones that provide information about the physiological integrity of the roots.

Electrodiagnostic evaluation is medically necessary to define the pathophysiology of the disease process as well as the location of dysfunction and its duration, severity, and time course. EMG/NCV is medically necessary according with the AAEM Guidelines. An EMG/NCV will assist in the proper diagnosis, treatment, and recovery; therefore, complies with Texas Labor Code 408.021, as it will assist in the proper treatment protocol.

American Academy of Electrodiagnostic Guidelines/recommendation for a repeat study following surgery is as follows: *“Serial studies can follow the course of an injury as well as help evaluate the effects of treatment, dating the onset, and defining the progression. Serial electrodiagnostic studies can be used to evaluate the progression and/or improvement of a nerve injury. If surgical intervention is planned, consideration should be given to perform electrodiagnostic studies first, since postoperative electrodiagnostic studies are more meaningful when it is possible to compare the results to preoperative studies.”*

The electrodiagnostic study is medically necessary since it can define the pathophysiology of the disease process as well as the location of dysfunction and its duration, severity, and time course. These studies can clarify diagnostic considerations and thereby aid in chronicle management. Electrodiagnostic studies are helpful in patient management because they can establish the presence of myopathies, polyneuropathies, mononeuropathies, plexopathies, and radiculopathies.

EMGs (electromyography)	Recommended as an option (needle, not surface). EMGs (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. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (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. See Surface electromyography .)
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Nerve conduction studies (NCS)	There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.
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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)**
 - American Academy of Electrodiagnostic Guidelines