

**NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION**  
*Workers' Compensation Health Care Non-network (WC)*

**DATE OF REVIEW: 08/21/2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

EMG/NCV test 7/17/2008, 6/13/2008, 6/23/2008

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

Texas State Licensed MD Board Certified Physical Medicine & Rehab physician

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to 8/1/2008
2. Texas Dept of Insurance notice to URA of assignment of IRO 8/1/2008
3. Confirmation of Receipt of a Request for a Review by an IRO 7/31/2008
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 7/28/2008
6. letter 8/7/2008
7. appeal denial for final reconsideration 7/28/2008
8. denial letter for request for authorization 7/22/2008, 7/17/2008, 6/23/2008, 6/13/2008
9. office note 6/26/2008
10. order undated, 6/9/2008
11. Patient Profile undated
12. MRI lumbar spine without contrast report 6/13/2008
13. office note 6/4/2008, 5/28/2008, 5/27/2008, 5/22/2008
14. ODG Guidelines were not provide by URA

**PATIENT CLINICAL HISTORY:**

This xx-year-old female sustained an industrial lower back lifting injury dated xx/xx/xx. On that date, she bent over to pick up some trash when she noted acute low back pain with radiation of pain to the right lower extremity. She was found to have a unilaterally positive straight leg raising sign on the right and a negative straight leg raising sign on the left. There was a positive FABER sign on the right and exquisite tenderness over the right SI joint. A June 13, 2008, noncontrast lumbar MRI scan reportedly demonstrates a right intraforaminal disk herniation resulting in stenosis and impingement of the exiting right L4 nerve root. The L5-S1 level demonstrates mild spondylitic disk disease with central/posterior subligamentous disk protrusion/herniation without evidence of stenosis or neural impingement. The request is a lower

extremity electrodiagnostic study to rule out left-sided radiculopathy, as it is stated that the claimant is complaining of bilateral lower extremity radicular pain.

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

Using medical judgment/experience and ODG guidelines, the requested lower extremity electrodiagnostic study to rule out left lumbosacral radiculopathy is not medically indicated because there is no radiographic evidence of left-sided lower lumbar disk pathology and because there is no documented left lower extremity focal neurologic impairment to medically justify this request. The previous adverse determination should be upheld.

**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
- AHCP- 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)