

Applied Resolutions LLC

An Independent Review Organization
1124 N. Fielder Road, #179, Arlington, TX 76012
(512) 772-1863 (phone)
(512) 853-4329 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: August 1, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG/NCS left lower extremity

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management

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
Denial Letters 6/30/08 and 7/16/08
Record 4/29/08
Records from Institute: 7/10/07 thru 6/23/08
MRI 3/6/08
OP Report 6/6/08
Case Notes 3/24/08 thru 7/8/08
MRI 2/11/08
XR Spine 8/10/07
MRI Spine 8/8/07 and 7/10/07
Lumbar Spine 7/1/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a man who reportedly was injured when his left leg either slipped or gave way and he fell on his back. The Reviewer is not clear how the event transpired. He had a right sided L3-4 laminotomy/discectomy in August 2007. He had some ongoing symptoms of lower left back pain without lower extremity pain per Dr. and Dr. 's notes written before the xx/xx fall. Following the injury, this man first complained of additional right sided pain and subsequently left back, thigh pain and numbness and burning in the dorsum of the left foot. His neurological exam apparently did not show any new neurological loss. He was reported as having a positive left straight leg raising sign suggestive of nerve root tension. A Lumbar MRI done before the fall (2/11) and one repeated on 3/6 were performed. These did not show any interval changes. There was significant degenerative changes, the post op changes, osteophytes, foraminal narrowing at different levels. There was no disc herniation. He did not improve with a left sided transforminal L3-4 epidural corticosteroid injection by Dr.

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

There are no reported clinical findings of a radiculopathy. He had pre-existing degenerative changes on the MRI. He had back pain prior to the new injury. His examination reported no neurological changes. His symptoms of left thigh numbness and burning in the left foot could reflect an L4 radiculitis. The thigh pain could reflect meralgia paresthetica. He is heavy given the height and weight. There does not appear to be any surgically correctable lesion.

The justification for any electrodiagnostic studies, per the ODG, would be to confirm the presence of a radiculopathy. It would not alter the current treatment program from the information provided. It may have a bearing on the impairment rating. The insurance company feels this man had a back contusion or strain. He does describe pain in a radicular pattern. This would be in a DRE II category due to “nonverifiable radicular complaints.” He has symptoms, but “no objective signs of radiculopathy...” There is a question if there is a radiculopathy or not based on symptoms and the lack of objective clinical findings, an emg may be justified to differentiate a DRE II or DRE III category of impairment. “The impairment may be verified by electrodiagnostic findings.” (AMA Guides- 4th edition) page 102.

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.](#))

Therefore, I do not feel that electrodiagnostic studies would alter treatment plans, it may contribute to the appropriate assignment for an impairment rating.

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)