

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW: July 29, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG LLE

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

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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 5/21/08 and 5/8/08

Medical Records from Dr. : 4/10/08 thru 7/2/08

NCV 6/20/08

Letter FOL 7/18/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old woman who reportedly injured her back and felt a pop on xx/xx/xx. She developed left upper and bilateral lower extremity sensory complaints. An MRI of the lumbar spine on 3/3/08 was noted by Dr. as showing a left sided small left to left central L5/S1 disc herniation. His physical examinations document some sensory reduction in the left S1, and sometimes left L5 dermatome. The ankle jerks and knee jerk reflexes are normal. She had left upper extremity complaints. Her electrodiagnostic studies were reported as normal for the LUE. She had 3 Waddell signs. She had some improvement with an epidural corticosteroid injection.

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

The cervical and left upper extremity electrodiagnostic studies were reported as normal.

Her physical examination reported some sensory decrement in the L5 and S1 dermatomes. She had positive Sciatic SLR. There were 3 Waddell signs. Dr. said the presence of the signs correlated with psychological issues, but did not discount the presence of any pathology.

Dr. reported the lumbar MRI. The Reviewer did not see an actual report. There was no description of the nerve root compromise by the disc herniation or not.

The clinical findings are described by Dr. and are consistent with a radiculopathy.

The Reviewer is not clear what the intent for the electrodiagnostic studies is. They can confirm the presence of a radiculopathy, but will it alter treatment. If not, then why perform them. This seems to be the intent of the ODG about obvious radiculopathy. The AMA guides rely on electrodiagnostic criteria to help differentiate at DRE II from a DRE III.

Yet, this lady has suggestions of a psychological overlay. Sensory loss or reduction remains subjective. Her reflexes are normal. There is no evidence of any muscle atrophy. The EMG would document motor rather than sensory abnormalities.

I would support that they be performed largely to differentiate a DRE II from a DRE III Impairment (5% vs 10%).

From the ODG:

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.](#))

From the AMA Guides, 4th edition: (page 109)

Unequivocal electrodiagnostic evidence exists of acute nerve root compromise, such as multiple sharp waves or fibrillation potentials; or H wave absence or delay greater than 3mm. Or chronic changes such as polyphasic waves in peripheral muscles.

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)**