

Notice of Independent Review Decision

**DATE OF REVIEW:** 06/05/2008

**IRO CASE #:**

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

EMG/NCV lower extremities and lumbar MRI

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

**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)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx year-old male has a date of injury xx/xx/xx when he was cutting trees and fell forward and a tree struck him in the low back. He complains of pain in the low back, radiating to the left foot. He has had epidural steroid injections. An EMG/NCV of the lower extremities 01/19/2007 is normal. Neurological examination reveals a positive straight-leg raising on the left. He has decreased sensation at L5-S1 on the left. Plain films of the lumbar spine 11/29/2006 show decreased in the L4-L5 disc space. There is no movement on bending. An MRI of the lumbar spine 09/26/2006 reveals a minimal broad-based disc bulge and facet hypertrophy at L4-L5 resulting in minimal central canal and bilateral foraminal stenosis. There is bilateral foraminal stenosis also at the L5-transitional and transitional-sacral levels. The provider is recommending a repeat MRI of the lumbar spine and an EMG/NCV of the lower extremities.

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

The repeat MRI and EMG/NCV are not medically necessary. There has been no change in the patient's exam or complaints. According to the ODG, repeat MRI's are not medically necessary unless there has been a progression of deficits. An EMG was already negative in 01/2007, and without a change in complaints or exam, another one is not warranted.

**References/Guidelines**

ODG "Low Back"

"Repeat MRI's are indicated only if there has been progression of neurologic deficit."

EMG: 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.

**IRO REVIEWER REPORT TEMPLATE -WC**

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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)**