

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 03/12/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG-NCV of the lumbar spine and lower extremities

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

The TMF physician reviewer is a licensed chiropractor with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the EMG-NCV of the lumbar spine and lower extremities is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 02/28/08
- Definition of EMGs (electromyography) from– no date
- Definition of Nerve conduction studies (NCS) for– no date

- Preauthorization Review Summary – 02/15/08
- Preauthorization Physician Review Form – 02/14/08
- Preauthorization Request from Pain Management – 02/11/08, 02/15/08
- Radiological report for MRI of the lumbar spine – 01/28/08
- Office notes from Dr.– 11/16/07 to 02/08/08
- Pain History/Pain Drawing, unsigned – 11/12/07
- Operative Report by Dr. – 08/19/04
- Preauthorization Review Summary from–01/21/08,02/22/08
- Denial Letter – 02/22/08
- Report of Urine Drug Screen – 02/08/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he suffered a lumbar spine injury. The patient complains of pain in the lumbar spine with paresthesia into the left lower extremity, including the bottom of the left foot and the right lower extremity to the knee. The patient has been treated with medications, epidural steroid injections, surgery, and physical therapy.

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

The ODG's address the necessity of NCS/EMG's as shown below: NCS's are not recommended. EMG's are recommended however; they are not necessary if radiculopathy is already clinically obvious. Subjective symptoms and current clinical objective findings dated 02/08/08 reveal the patient had decreased strength in the foot dorsi and planter flexors. He cannot heel or toe walk secondary to weakness. His deep tendon reflexes are +2 on the right in the medial hamstring and +1 on the left. Straight leg raising is limited to 60 degrees on the left and 80 degrees on the right. He has a difficult time sitting for more than 15 minutes because of additional radicular symptoms on the left. Based upon the subjective symptoms and objective clinical presentation, radiculopathy is already clinically obvious. Therefore, per the ODG's, the proposed EMG/NCV of the lumbar spine and lower extremities is not medically necessary to treat this patient's condition.

EMG's (electromyography)

Recommended as an option (needle, surface). EMG's (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy. However, EMG's are not recommended if radiculopathy is already clinically obvious. No correlation was found between Intraoperative EMG findings and immediate postoperative pain, however, Intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention such as fracture or scoliosis or fusion where there is significant stenosis. EMG's may be required by the AMA Guides for impairment rating of radiculopathy. (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.)

NCS (nerve conduction studies)

Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG's are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

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) AMA - 2001**