



REVIEWER'S REPORT

DATE OF REVIEW: 03/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Electrodiagnostic testing.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. There are several illegible notes in the file. There is a radiology report from Dr. dated 09/27/05 identifying an L5/S1 disc protrusion, which does not appear to be compressive.
2. There is an EMG report on 08/16/06 that shows a peripheral neuropathy, according to Dr.
3. I reviewed a letter from Dr. dated 07/24/07 describing a work injury, a motor vehicle accident. On 07/24/07 Dr. indicated that electrodiagnostic testing in the upper and lower extremities was normal with the exception of peripheral neuropathy.
4. I reviewed an MRI scan report from Dr. dated 09/27/05 of the cervical spine, which reads, “C4/C5: 2-3 mm posterior central disc protrusion that does not contact the spinal cord.”

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

It appears as though the injured employee injured himself in a work-related motor vehicle accident. He has a disc protrusion at the L5/S1 level. He also has a protrusion at the

C4/C5 level. He has had an MRI scan of the cervical and lumbar spine showing a disc protrusion at the L5/S1 and C4/C5 levels. These are noncompressive. He also appears to have diabetes mellitus and peripheral neuropathy demonstrated on two consecutive EMG studies. There are no clinical notations that are legible supporting a third EMG, particularly in light of the two negative EMG studies for any cervical or lumbosacral radiculopathy. Clearly, the peripheral polyneuropathy of those with diabetes has nothing to do with employment.

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

I do not believe this individual's electrodiagnostic findings on the two previous studies are causally related to the work accident as described above. He has diabetes mellitus and has a peripheral neuropathy associated with that. Further investigation by way of electrodiagnostic studies into these areas would be unrelated to his employment. In as much as the MRI scan showed no compression of any of the neurological structures, there is no indication that a compressive radiculopathy might be expected on electrodiagnostic testing today when it was not present on the two previous studies.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)