

# IRO Express Inc.

An Independent Review Organization

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**DATE OF REVIEW:** March 31, 2008

**IRO CASE #:**

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

EMG of the right lower extremity

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

Board Certified Orthopedic Surgeon

**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

Operative report, 09/14/06

Office notes, Dr. 09/10/07, 12/19/07, 01/23/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This male claimant reportedly underwent a posterior lumbar interbody fusion at L4-5 in September 2006. The records indicated that the claimant had continued low back pain with reported numbness and weakness in the lower extremities. An EMG/NCS of the right lower extremity was requested by the treating physician.

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

It is not clear to me as to the medical necessity for the requested EMG of the right lower extremity. While the Reviewer understands that this claimant has back and radicular leg complaints, it is not clear to me what neurological deficit predated his surgery, or even predated the 09/10/07 office visit of Dr. which is the first record submitted for review. It is not clear to me how his clinical condition may have changed overtime; and it is not clear whether or not he has ever had a previous EMG. Therefore, in light of these questions, the Reviewer does not see the medical indication for this requested EMG test based on this medical record alone.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back: EMGs (electromyography). Nerve conduction studies (NCS)

**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)**