Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 10, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed repeat EMG/NCV of lower right extremity

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

xx Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
UNK	95903		Prosp	1					oVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 PAGES

Respondent records- a total of 10 pages of records received to include but not limited to:
note 5.23.08; 4.2.08; letters 5.29.08, 8.19.08

Requestor records- a total of 14 pages of records received to include but not limited to:
Total Pain Medicine and Anesthesiology notes 10.23.07-8.12.08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured in xx/xx. She was initially seen by an orthopedic physician. By reading the URA review denial letters, it was indicated that there was a previous EMG done that neither the URA has nor does the current physician have.

CURRENT CLINICAL HISTORY: The patient has radicular symptoms in both legs and lumbar disc abnormality and has had a diagnosis of lumber radiculopathy since the inception of their treatment. They would like to perform additional diagnostic and therapeutic treatment especially therapeutics and they want to find out exactly the level of neural injury and they have asked for an EMG. In light of the fact that the previous EMG is not available to the URA, the reviewer, or myself, then we do no know whether it was normal or abnormal.

Also, in light of the fact that the patient is currently having progression of symptoms, it appears that the request for additional diagnostics is appropriate, reasonable, and necessary based on the ODG guidelines that repeat EMGs are only indicated when there has been a substantial change in the patient's status. There are signs and symptoms of radiculopathy which is clearly evident in this case.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE: The patient's condition has changed and worsened. The fact that previous studies have been performed does not prohibit additional studies if medical conditions worsen, change, or show new signs of disease. Furthermore, this test is pivotal in determining future treatment, if any future treatment should be necessary. It would serve all parties by having this test performed immediately to determine what, if any, additional treatment is necessary.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES