



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** 09/26/08

**IRO CASE #:**

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

EMG/NCV study.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

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

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

It appears as though the injured employee sustained an injury to his back in xxxx for which he underwent a fusion and did well until xx/xx/xx when he had recurrence of back pain after a fall. Following this, he indicates he went on to have extensive treatment by the way of epidural steroid injections. His symptoms have waxed and waned and have involved the left greater than the right lower extremity. He has been diagnosed with left lumbosacral radiculopathy. On a recent evaluation by Dr. , he was found to have symptoms in both legs, and a request was made for EMG/NCV studies of both lower extremities in an attempt to more accurately determine his impairment rating.

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

It is clear that this gentleman has a left lumbosacral radiculopathy based on all the records received and reviewed above. It is not clear at what level. At one point it was felt he had a left lumbosacral radiculopathy. Dr. is the first one to bring up the right leg as possibly having radiculopathy. From a treatment perspective, there is no indication that EMG/NCV study would be indicated, as it would not change the outcome of the treatment. Clearly this gentleman has a herniation at the L5/S1 level superimposed on a two-level fusion above that level. The only reason to approve an EMG/NCV study would be to aid in the determination of an impairment rating, which is one of the stipulations in the ODG Guidelines for recommending an EMG/NCV study.

**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 judgment, 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.)