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IRO certificate #

DATE OF REVIEW: 8/31/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE (AMENDED)

EMG/NCV to bilateral lower extremities

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

Board certified in Neurological Surgery

REVIEW OUTCOME

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

X Upheld (Agree)
Overturned (Disagree)
Partially Overturned (Agree in part/Disagree in part)

Description of review outcome for each healthcare service in dispute

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters, 7/28/09, 8/5/09
Initial report 7/22/09 Dr.
Electrodiagnostic testing report 10/7/08
Lumbar and Cervical CT report 4/2/08
Lumbar and thoracic MRI reports 2/6/09

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who in xx/xx fell about three and a half feet, striking his buttocks on a crate, and then falling another four feet to the ground, hitting his right shoulder and right side of his face. Neck, low back, arm and lower extremity pain developed. There is a history of a 12/2005 ACDF at the C5-6 level after injury. The pain had essentially disappeared at the time of the new injury in 2008. The treating physician indicates that EMG's of the upper and lower extremities were "negative." No reports of these tests were provided for this review. Physical therapy and injections in the lumbar and cervical regions have been provided without benefit. The patient's neck and

lower extremity and upper extremity pain continues. On examination there is nothing to strongly suggest either cervical or lumbar radiculopathy. Straight leg raising is only questionably positive, and the examination of the upper extremities fails to reveal any distinct objective findings of nerve root compression. There is a sensory deficit in the entire right upper and lower extremities.

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

I agree with the denial of the requested electrodiagnostic testing. The primary pain is in the patient's neck and arm. It is stated by the treating physician that "the back pain is worse than the buttock and leg pain." This does not suggest radiculopathy, which would be evidenced on an EMG. In addition, the deficit on sensory examination in both lower and upper extremities is more frequently than not unassociated with a specific radiculopathy that could be possibly found on EMG. The patient had lower extremity EMG in June 2008, which was reportedly normal, and there has been nothing to suggest a change in the patient's status that would indicate nerve root compression in the lumbar spine of a correctable nature that would have developed since then.

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)**