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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/31/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCS Lower extremities bilaterally

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

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training in Physical Medicine and Rehabilitation, Orthopedic Surgery

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 7/14/09, 7/29/09
MD, Handwritten notes, 8/10/09, 7/9/09, 6/3/09, 6/3/08,
11/16/06, 10/10/06, 8/24/06, 6/27/06, 5/18/06, 4/11/06, 2/14/06, 11/9/05,
9/12/05, 5/11/05, 3/7/05, 7/11/04, 3/9/04, 1/7/04, 9/27/04, 4/22/09, 4/28/09
MD, 7/6/05, 6/10/09, 7/20/09
EMG/NCV, 4/24/03
Letter of Medical Necessity, MD, 4/28/09
Operative Report, 8/20/03

PATIENT CLINICAL HISTORY SUMMARY

This woman was injured in xx/xxxx. She underwent a lumbar discectomy. She underwent L4/5 and L5/S1 fusion in 2003. She reportedly has more pain in both lower extremities especially since the birth of her child in 2006. Dr. saw her on several occasions in June and July of 2009. Dr. described reduced left knee and ankle reflexes. He found absent sensation in the left L4/5/S1 dermatomes with a positive left SLR at 40 degrees. He described "no evidence of motor weakness" and further wrote on 7/20/09 that he "requested an EMG and nerve conduction studies to obtain unequivocal evidence of radiculopathy." An 8/20/03

admission record prior to the fusion described that she had back pain with bilateral tingling and numbness. He found reduced sensation at the left L3,4,5/S1 dermatomes. The left SLR was positive at 15 degrees. Ankle jerks were absent. A 2003 EMG “did not show definite evidence of any significant nerve root compression.”

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

Dr.’s examination in 2009 compared to the admission record prior to the fusion in 2003 is largely unchanged. There are the same subjective sensory complaints. His intent for the EMG is to provide “unequivocal evidence of radiculopathy.” First, the nerve conduction studies do not show evidence of a radiculopathy. Therefore, the ODG does not generally recommend them. Second, the EMG can document motor deficits. Dr. felt there was no motor loss. Other findings of a radiculopathy are largely unchanged from 2003. The ODG states that “EMG’s are not necessary if radiculopathy is already clinically obvious.” Based on the records, this is the case here. Therefore, there is no medical necessity for these diagnostic studies. The reviewer finds that medical necessity does not exist for EMG/NCS Lower extremities bilaterally.

EMGs (electromyography)

Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but **EMG's are not necessary if radiculopathy is already clinically obvious.** (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG’s may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. See Surface electromyography.)

Nerve conduction studies (NCS)

Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

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

ACOEM-AMERICA 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)