

# I-Decisions Inc.

An Independent Review Organization  
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**DATE OF REVIEW:**

Feb/26/2009

**IRO CASE #:**

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

EMG/NCV of the bilateral lower extremity

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in Pain Management  
Board Certified in Electrodiagnostic Medicine

**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, 1/2/09, 1/22/09  
Law Offices of, 2/16/09  
MD, DDE, 2/19/08  
MD, Peer Review, 9/19/07  
MD, 7/9/07-8/24/07  
MD, 8/21/07  
MMC of, 8/13/07, 8/21/07, 8/27/07, 10/30/08  
Dr., MD, 9/25/07  
Dr., MD, 10/23/07-11/19/08  
Dr., DC, 3/12/07-12/29/08  
Dr., MD, 6/9/08  
Dr., MD, 11/25/08  
PT, 6/19/08  
PT, 7/20/07, 8/8/07  
MRI, Lumbar Spine, 8/21/07  
FCE, 6/19/08

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xx year old man who reportedly injured his back on xx/xx/xx lifting lead lined sheet rock. He originally had bilateral lower extremity pain, but this was eventually limited to the left lower extremity. He had an MRI on 8/21/07 that showed a mild disc bulge at L5/S1 without any neural foraminal involvement. He was seen by multiple physicians and chiropractors for ongoing back pain and pain going to the posterior left thigh, but not below the knees. Dr. described the pain as nondermatomal. He was described by several examiners as having weakness in multiple muscles with different innervations. Others found no motor weakness and normal reflexes. Dr., DC described positive left SLR to 45 degrees with the pain in the posterior thigh, but not down the leg or to the foot. Several measurements of the left calf showed either 1cm atrophy or no atrophy. He had facet injections, rhizotomy, SI injections and transforaminal ESIs without any benefit. A repeat MRI on 10/30/08 showed degenerative changes in the L5/S1 disc with a central herniation reaching the right S1 nerve root. The patient's complaints are on the left. There is a request for EMG and NCV studies.

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

This is a man with back pain and left lower extremity pain. The records indicate that the pain is non-radicular as most of the roots would go to the left foot or leg, not the posterior thigh. The MRI shows a disc herniation to the right and not the left. The medical records indicate the left is the symptomatic side. Nerve Conduction Studies are not justified by the ODG for the assessment of a radiculopathy. The physical examination and the radiological studies are not suggestive of a left sided radiculopathy, and therefore the studies are not appropriate to differentiate root involvement. Because there is no evidence of a radiculopathy, an EMG would not be justified. The reviewer finds that medical necessity does not exist for EMG/NCV of the bilateral lower extremity.

**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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)