

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Needle EMG/Surface NCV

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

Chiropractor
AADEP Certified
Whole Person Certified
TWCC ADL Doctor
Certified Electrodiagnostic Practitioner
Clinical practice 10+ years in Chiropractic WC WH Therapy

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

Adverse Determination Letters, 1/20/09, 2/3/09
ODG Guidelines and Treatment Guidelines
DC, 1/26/09, 1/21/09, 8/18/08, 8/20/08, 8/22/08, 9/2/08, 9/3/08,
9/12/08, 9/16/08, 9/17/08, 9/23/08, 9/30/08, 10/1/08, 10/15/08, 10/17/08,
10/28/08, 11/14/08, 11/21/08, 11/24/08, 11/26/08, 12/2/08, 12/5/08, 12/9/08,
12/10/08, 12/12/08, 12/22/08, 12/24/08, 1/6/09, 1/9/09, 1/13/09, 1/15/09,
1/16/09, 1/21/09, 1/30/09
DC, 9/22/08
FCE, 12/2/08
8/14/08
8/15/08
Dr., MD, 8/26/08, 9/2/08, 9/11/08

MRI of the Lumbar Spine without contrast, 8/26/08
Dr., MD, 9/16/08, 11/25/08, 12/2/08, 1/20/09, 1/2/09
Procedure Notes, 11/3/08, 12/30/08
History & Physical, 11/3/08
MD, DDE, 1/3/09
MD, 1/15/09
MD, 1/15/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury in xx/xx/xx. He was working as a xxxx when he slipped and fell and injured his low back. He was transported to the ER. Dr. who placed him into therapy, ordered an MRI L-sp, EMG/NCV lower extremities, diagnostic ultra-sound low back, pain injections, DME-TENS unit, DME TENS pads, low back support belt, orthotics, DME non prescription pain patches, and DME Biofreeze. EMG/NCV was performed on 1-15-2009, by a technician at the treating doctor's office and data was submitted to Dr. MD in xxxx. EMG/NCV including evokes results were read as normal. DDE was performed on xx/xx/xx

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

The injured employee currently does meet the required guidelines for a repeat EMG/NCV at this time. Documentation reviewed does not support a repeat study at this time in view of negative prior EMG/NCV, EMG/NCV, and negative neurological DD exam. EMG/NCV was performed on 1-15-2009 and was normal. DDE examination did not reveal any significant neurological abnormalities. MRI of the lumbar spine dated 8-26-2008 failed to reveal any disc herniation or stenosis. ODG does not recommend NCV. The reviewer finds that medical necessity does not exist for Needle EMG/Surface NCV.

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.

EDX studies are performed by physicians (generally neurologists or physiatrists) as part of an EDX consultation. EDX consultations include history-taking, appropriate physical examination, and the design, performance, and interpretation of EDX studies. These consultations usually take a minimum of 30 minutes to perform and can take up to 2 hours or more in particularly complicated clinical situations. Other healthcare professionals sometimes participate, either by assisting the physician consultant or by performing the NCSs under direct physician supervision

Indications per AAMEN Guidelines:

EDX testing is used to evaluate the integrity and function of the peripheral nervous system

(most cranial nerves, spinal roots, plexi, and nerves), NMJ, muscles, and the central nervous system (brain and spinal cord). EDX testing is performed as part of an EDX consultation for diagnosis or as follow-up of an existing condition. EDX studies can provide information to

1. Identify normal and abnormal nerve, muscle, motor or sensory neuron, and NMJ functioning.
2. Localize region(s) of abnormal function.
3. Define the type of abnormal function.
4. Determine the distribution of abnormalities.
5. Determine the severity of abnormalities.
6. Estimate the date of a specific nerve injury.
7. Estimate the duration of the disease.
8. Determine the progression of abnormalities or of recovery from abnormal function.
9. Aid in diagnosis and prognosis of disease.
10. Aid in selecting treatment options.
11. Aid in following response to treatment by providing objective evidence of change in neuromuscular function.
12. Localize correct locations for injection of intramuscular agents (e.g., botulinum toxin).

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)
AAMEN Guidelines