

# P&S Network, Inc.

8484 Wilshire Blvd, Suite 620, Beverly Hills, CA 90211

Ph: (323)556-0555 Fx: (323)556-0556

**DATE OF REVIEW:** 06/05/09

**AMENDED:** 06-16-09

**IRO CASE #:**

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

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

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

Electromyography and Nerve Conduction

**REVIEW OUTCOME**

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

(Overturned)

(Disagree)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o July 16, 2008 Left shoulder MRI read by Dr.
- o November 20, 2008 FCE report from Dr.
- o December 5, 2008 Medical report from Dr.
- o December 12, 2008 Report of Medical Evaluation from Dr.
- o March 9, 2009 Medical report from Dr.
- o March 31, 2009 TX Status Report and Medical Report from Dr.
- o April 22, 2009 TX Status Report and Medical Report from Dr.
- o April 24, 2009 TX Status Report and Medical Report from Dr.
- o April 28, 2009 Progress Note from Dr.
- o April 30, 2009 Non-certification review from Dr.
- o May 1, 2009 Non-certification review for EMG/NCV
- o May 4, 2009 Lumbar MRI read by Dr.
- o May 18, 2009 Letter of non-certification, reconsideration for EMG/NCV
- o May 20, 2009 Letter of appeal from Dr.
- o May 20, 2009 Non-certification review for reconsideration for EMG/NCV
- o May 21, 2009 Confirmation letter of request for IRO
- o May 22, 2009 Cover Letter from
- o May 22, 2009 Letter of IRO assignment

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records and prior reviews the patient is a employee who sustained an industrial injury to the 3rd left finger (fracture), left shoulder, right knee and low back on xx-xx-xx when closing a moving gate which fell on her. She completed four weeks of pain management rehabilitation with improvements noted. She has had persisting low back pain that radiates into both legs with numbness.

Request for bilateral lumbar medial branch block was not certified in review on April 30, 2009 with rationale that the patient

demonstrated signs of radiculopathy on examination and would not qualify for facet injections. Request for greater occipital nerve block was not certified on the same date with rationale that guidelines have weak support for these injections for occipital neuralgia or cervicogenic headaches and the medical records failed to document the patient has these conditions. Physical

therapy was not certified with rationale that the patient was noted to have completed a work hardening program and a rationale for additional formal physical therapy was not clarified. In the same review, non-certification was also given for request for EMG nerve conduction study of the lower extremity with rationale that guidelines specifically do not recommend nerve conduction study of the lower extremity. A peer-to-peer discussion was attempted but not realized.

Left shoulder MRI of July 16, 2008 showed no convincing evidence for rotator cuff tear and mild bicipital tenosynovitis.

Per a functional capacity evaluation of November 20, 2008 the patient's occupation requires a Medium physical demand level. The patient is performing at a light/medium demand level. Testing demonstrated normal motor strength and diminished sensation in the right lower extremity in the L4-S1 dermatomes.

The neurological report of March 9, 2009 notes the patient has persisting back pain that radiates all the way to the right foot with numbness in the foot. The patient was seen in the past for back pain which responded to a block. This time her pain is not in the back but radiates to the right leg in the L5-S1 distribution. An updated MRI and PT are recommended.

The progress report of March 21, 2009 describes the patient's shoulder, right knee and back pain. On examination, there is tenderness in the thoraco-lumbar regions and pain with motions. Heat therapy and weight loss are recommended. The patient returned on April 22, 2009 with similar complaints. Recommendation is for a consultation with a pain clinic specialist. On April 24, 2009 the patient reported her lower back pain worsens with stooping and bending making sleep difficult. She would like an injection to help her pain.

Per the progress report of April 28, 2009 the patient reports a pain level of 9/10 and difficulty with daily activities due her back pain and lower extremity pain and numbness. Moderate muscle spasms are noted on examination. Straight leg raising is negative bilaterally. Five sessions of PT are planned. The diagnosis includes lumbar radiculopathy/radiculitis. Recommendation is for NCV studies bilateral lower extremities.

Lumbar MRI was performed on May 4, 2009 for sciatica with radiculopathy with findings of redemonstration of approximately 3mm posterior disc bulge at L5-S1 with some impingement on the thecal sac. There is mild bilateral facet synovitis L1-2 and L3-S1.

Request for reconsideration for electromyography and nerve conduction study was not certified in review on May 18, 2009 with rationale that ODG does not recommend nerve conduction studies for the lower extremity. Per the notification letter dated May 20, 2009 attempts were made to speak with the provider but a discussion was not realized.

Request was made for an IRO.

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

The patient has persisting low back pain that radiates into both legs with numbness. Imaging shows, a 3mm posterior disc bulge at L5-S1 with some impingement on the thecal sac and mild bilateral facet synovitis L1-2 and L3-S1. Clinically, the patient has, normal motor strength and diminished sensation in the right lower extremity in the L4-S1 dermatomes. On April 28, 2009 the patient is noted to have a negative straight leg raising test bilaterally. Given the diffuse nature of the patient's sensation abnormality, normal motor function, negative straight leg raise, and facet synovitis more significant that a neurocompressive lesion on imaging, the diagnosis of radiculopathy is equivocal and further assessment with EMG is indicated to determine any radiculopathy and for future treatment planning.

Per ODG, 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. The patient does not have unequivocal radiculopathy. As radiculopathy cannot be presumed based on the medical reports, NCV studies are also indicated. Therefore, my determination is to disagree with the previous non-certification of the request for Electromyography and Nerve Conduction studies of the bilateral lower extremities.

The IRO's decision is consistent with the following guidelines:

#### **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 KNOWLEDGBASE

\_\_\_\_ 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

The Official Disability Guidelines - Low Back (5-22-2009) EMG:

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.)

The Official Disability Guidelines - Low Back (5-22-2009) 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.