

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 03/01/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat lumbar MRI scan and repeat bilateral nerve conduction velocity studies of lower extremities.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas to practice medicine, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine through the American Board of Anesthesiology, with over 21 years clinical experience in Pain Management, currently practicing full time Pain Management

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
739.3	95934		Prosp.						Upheld
739.3	95904		Prosp.						Upheld
739.3	95503		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial 01/23/09 and 02/06/09, including criteria for denial.
3. Nerve conduction studies dated 12/09/05
4. Lumbar MRI scan report dated 12/13/05
5. Progress note from Dr. dated 01/08/09
6. Physician Review Decisions dated 01/23/09 and 02/05/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was injured on xx/xx/xx by a back strain injury while lifting. Nerve conduction study was performed on both lower extremities for the claimant's complaint of lumbar and RIGHT leg pain on 12/09/05. The results demonstrated bilateral L5 and S1 radiculopathy. Lumbar MRI scan was performed on 12/13/05 to evaluate the claimant's complaint of low back pain radiating to the RIGHT leg. That MRI scan demonstrated evidence of early dehydration of the L4/L5 disc with congenitally short pedicles causing mild bilateral foraminal narrowing. Minimal facet degeneration was also noted at L3/L4 and L4/L5. On 03/30/06 the claimant allegedly underwent LEFT lumbar epidural steroid injections at the L4, L5, and S1 levels. He returned to his treating doctor on 01/08/09 complaining of two months of pain in the lower back radiating to the right leg. Physical examination documented normal sensory and motor findings, normal reflexes, and negative straight leg raising tests bilaterally. Bilateral lumbar medial branch blocks were ordered, as well as repeat MRI scan and repeat bilateral nerve conduction velocity studies of the lower extremities. Two separate physician advisers subsequently reviewed the request, both recommending non-authorization of the request, citing ODG Guidelines.

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

ODG Guidelines stipulate that repeat MRI scans are "indicated only if there has been progression of neurologic deficit." In this case, there has clearly not been any progression of neurologic deficit. In fact, the most recent examination documented indicate that there is absolutely no neurologic deficit whatsoever. In the absence of any neurologic deficit, there is no indication for MRI scan nor repeat MRI scan to evaluate purely subjective pain complaints. Therefore, the request for repeat MRI scan clearly does not meet ODG Guidelines, nor is there any valid medical reason, necessity, or indication for MRI scan in the absence of any neurologic deficit on examination.

The request for BILATERAL nerve conduction velocity studies for the lower extremities is similarly not supported by either ODG Guidelines or nationally-accepted standards of care. First and foremost, nerve conduction velocity studies are not indicated for, nor capable of, evaluating for radiculopathy. ODG Guidelines clearly state that only needle EMG studies are valid for the determination of "unequivocal evidence of radiculopathy." ODG Guidelines further state that "f-wave tests are not very specific and therefore are not recommended." The nerve conduction studies performed on this claimant in December 2005 were, in fact, not a needle EMG study, and, in fact, were f-wave studies. Therefore, there is clearly no medical reason, necessity, or indication, much less ODG support for repeating nerve conduction velocity and f-wave studies as requested. Such studies provide absolutely no valid medical information regarding radiculopathy. Moreover, given the claimant's entirely normal neurologic exam, there is no valid medical reason or necessity for nerve conduction velocity studies to evaluate purely subjective complaints. Finally, the MRI scan performed in 2005 clearly lacked any evidence of disc herniation or nerve root compression at any level to justify any of the claimant's subjective complaints at that time as well as currently. Therefore, for all of the above reasons, there is no medical reason, necessity, indication, or support in ODG Treatment Guidelines for either of the requests for repeat MRI scan or bilateral nerve conduction velocity studies of the lower extremities.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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.
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- _____ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.

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- _____ Mercy Center Consensus Conference Guidelines.
- _____ Milliman Care Guidelines.
- ___XX_ 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 national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)