

Becket Systems

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DATE OF REVIEW:

May/04/2009

DATE OF AMENDED REVIEW: MAY 12, 2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Repeat EMG AND NCV, right lower extremity, CPT (95860, 95900)

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, 3/6/09, 4/14/09
Attorney at Law, 4/14/09, 4/22/09
MD, 3/16/09, 1/27/09, 1/15/09, 1/20/09, 12/18/08,
Dr. 9/17/07-10/9/08, 6/5/07, 10/24/07, 6/5/07
MRI Lumbar Spine without contrast, 4/4/08
Imaging Report, 6/14/07
MRI Lumbar Spine, 1/23/07
PhD, 10/20/08

PATIENT CLINICAL HISTORY SUMMARY

This man was injured on xx-xx-xx. He developed back pain going to the right lower extremity. He was treated by Dr. and is now being treated by Dr. He has diabetes. He complains of total numbness and loss of feeling and function in his right leg. He had multiple physical examinations by Dr. and his associates, Dr. and Mr., the PA. They consistently described back pain with SLR, lateral leg sensory reduction, but no atrophy, normal strength, function and reflexes. He had multiple MRIs in the past. One performed on 1/27/07 showed a disc bulge and facet changes, but no nerve root compression. One performed on 6/14/07 showed a right L5/S1 disc herniation, but no nerve root compression. A third performed on 4/4/08 was read as "unremarkable" and the verbal description did not include and description of disc deterioration or nerve root compression. He had electrodiagnostic studies on 6/5/07 by Dr.. Dr. described bilateral multilevel paraspinal and tibialis anterior, medial gastrocnemius, and

right lateral gastrocnemius involvement with fibrillations and positive waves. He interpreted this as bilateral L3-S1 radiculopathy. Another performed on 10/24/07 showed right sided tibialis anterior and medial gastrocnemius involvement, but no paraspinal muscles were described.

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

The description of this wide spread radiculopathy would suggest large central disc herniations, however none were found on the MRI. Dr. describes this man's condition as having deteriorated, but it is unclear from the records provided how. There was no neurological loss described in the records other than the lateral sensory loss. There is no motor weakness, paralysis, or muscle atrophy. Further, 3 doctors did not note any motor or neurological loss, including paralysis or dysesthesias, in the review of systems. EMG findings document motor rather than sensory findings. This man has sensory complaints. Therefore, based on the prior MRI studies, and a normal motor neurological examination, the reviewer cannot find justification for the EMG or NCV. The request does not meet ODG criteria. The reviewer finds that medical necessity does not exist for Repeat EMG AND NCV of right lower extremity, CPT (95860, 95900).

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.

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. (1999) (2003) (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. (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.)

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)