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Notice of Independent Review Decision

DATE OF REVIEW: October 27, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/Nerve conduction velocity studies right lower extremity

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

American Board of Medical Specialties, Family Practice, Practice of Occupational 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

Medical records from the Carrier include:

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Medical records from the Requestor/Provider include:

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PATIENT CLINICAL HISTORY:

I am asked to address specific issues, namely whether or not electrodiagnostic studies are reasonable and necessary in this case. The date of injury is xx/xx/xx. The area of injury is the lumbar spine.

I will start with a brief clinical review. I have an MRI of the lumbar spine. I have the report read by M.D. This is from June 14, 2005. It revealed normal discs at L1-2 through L3-4. There were minimal disc protrusions/bulges at L4-5 and L5-S1, without stenosis or neuroforaminal encroachment. I would call this a normal study. There is no evidence of nerve displacement whatsoever.

On October 21, 2005, M.D. is reporting tenderness over the L5-S1 on the right and over the right sacroiliac joint. There was lumbosacral flexion of 60 degrees and extension of 10 degrees. Neurologically, he was seen to be intact on reflex, motor, and sensory examinations. The working diagnosis was low back pain without radiculopathy. The patient was assigned a 5% impairment rating based upon DRE Category II of the lumbosacral spine on that date, October 21, 2005.

There is a followup from March 29, 2006. Once again, the patient was seen to be neurologically intact. His medications were refilled. He was asked to consider possible epidural steroid injections as a therapeutic option for his ongoing pain complaints. He was noted to have pain in the right leg, as he was having prior. He was taking Lodine and Darvocet.

There is a followup from May 6, 2009. Once again, the patient was seen to be neurologically intact. There was a three year hiatus in care and he followed with Dr. in 2009. He presented with an exacerbation of his back pain which he attributed to lifting his three-year-old daughter. The impression was low back pain without obvious radiculopathy. Darvocet and Lodine were renewed by Dr. A review of plain films of the lumbar spine revealed a transitional S1. There was no spondylosis and no significant disc space narrowing. There was no instability on flexion and extension views.

On followup of June 3, 2009, the assessment was lumbar syndrome and possible facet syndrome. Possible physical therapy and repeat MRI were entertained.

The patient's medications were refilled on July 9, 2009. He was seen to be neurologically intact.

There is a followup from August 11, 2009. The sensory and motor examinations were intact. Dr. entertained the possibility of a new MRI.

On followup of September 9, 2009, an EMG study of the right leg was recommended to determine if there was any evidence of radiculopathy. However, the patient's sensory and motor examinations were reported to be intact on that date.

In a notice of adverse determination it was not felt that electrodiagnostic studies were reasonable or necessary in a peer review, per the Official Disability Guidelines. M.D., orthopedic surgery, is reporting.

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

The EMG/nerve conduction studies of the right lower extremity are neither reasonable nor necessary. The reasoning is that electrodiagnostic studies are not useful in delineating radiculopathy, which can usually be elicited on a physical examination. Serial examinations have not corroborated any degree of radiculopathy and previous imaging studies have not delineated any evidence of mechanical displacement at any of the nerve elements of the lumbar spine.

If we look at the Official Disability Guidelines, an EMG is considered recommended as an option. This is for needle EMG studies. They may be useful to obtain unequivocal evidence of radiculopathy, but in the absence of clinical radiculopathy, I cannot state that these would be useful or necessary. If we look at nerve conduction studies on page 658 of the ODG Guidelines, these are simply not recommended. “There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.” Therefore, I would uphold the previous adverse determination.

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 KNOWLEDGEBASE

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- 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)**