

Prime 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCV 95903, 95904

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

M.D., Board Certified Orthopedic Surgeon

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, 8/7/09, 7/24/09

ODG Guidelines and Treatment Guidelines

Phone Note: 09/05/07

, undated

MRI Reports: 08/24/06, 03/28/07 and 08/14/09

Operative Report: 04/10/07

Office Note: 07/13/07, 07/20/07 and 09/06/07

Office Note, Dr. : 07/29/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year-old male with a reported injury on xx/xx/xx from an unknown mechanism. Reference was made to lumbar surgery at L4-5 in 1988 and 1989 with no details provided. Lumbar MRI evaluation performed on 08/24/06 noted laminectomies and fusion at L4-5; severe central and lateral spinal stenosis from L2-4; bilateral subarticular recess narrowing from L2-4; slight redundant disc bulging at L4-5 and L5-S1; broad based disc protrusion at L2-3; and extruded disc bulge at L3-4 with ligamentum flavum and facet hypertrophy, as well as moderate to severe central canal and lateral stenosis. Repeat MRI on 03/28/07 noted discogenic changes at L4-5 greater than L5-S1; slight anterior wedging at

T11 and T12; L3-4 disc protrusion with spondylitic spur formation, extradural changes with ligamentum and facet arthropathy, moderate canal stenosis and bilateral neural canal stenosis; L4-5 extradural defect with residual or recurrent disc bulge with spur formation and bilateral neural canal stenosis with the right being greater than the left; L5-S1 broad posterior bulge with epidural fat pad and inferior aspect of laminectomy defect resulting in encroachment of the bilateral foramina; and facet degenerative changes.

The claimant underwent left L3-4 laminectomy and discectomy with decompression of spinal stenosis on 04/10/07. The claimant was seen in July 2007 with reference to referral for physical therapy. Reference was made to an impairment rating done on 08/22/07 with a five percent impairment assignment. On 09/06/07 an office note indicated the claimant could bend to touch his toes and restrictions of a fifty pound lifting limit were given.

The claimant returned for care on 07/15/09 for low back pain with left lateral thigh numbness and tingling that did not go past the knee and occasional giving out of the left leg due to weakness. Physical examination demonstrated good motion, no pain with bending, and left lateral thigh numbness. Recommendation was made for x-rays and electrodiagnostic studies. Reference was made to a medication being given; however, the name was not readable.

Electrodiagnostic studies were denied on 07/24/09. Dr. evaluated the claimant on 07/29/09 with indication the claimant started having pain again about a year from surgery with radiation into the bilateral lower extremities with the left being greater than the right with associated weakness and intermittent paresthesias. Physical examination demonstrated a normal gait, positive left straight leg raise and no atrophy with normal motor, sensory and reflex findings. Recommendation was again made for electrodiagnostic studies; as well as consideration for scar removal and MRI evaluation.

Electrodiagnostic studies were denied on 08/07/09. Another MRI was completed on 08/14/09 with findings of multilevel disc herniations from L3-4 through L5-S1 causing moderate to severe central spinal stenosis with the worse being at L3-4 where the canal diameter was reduced to 5-6 millimeters; moderate to severe foraminal stenosis at L3-4 through L5-S1; L3-4 herniation compressing the L4 nerve roots; L4-5 herniation approaching the L5 nerve roots; and the L5-S1 herniation approaching the S1 nerve roots. A treatment history outline was provided that referenced conservative management with physical therapy, spine injection, electrical stimulation, ultrasound, trigger point injection and massage. Electrodiagnostic studies continue to be recommended.

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

The reviewer is unable to recommend as medically necessary the proposed electrodiagnostic testing. There is no evidence that peripheral neuropathy is under consideration, to justify nerve conduction velocities. While the electromyographic recommendation would be understandable, I would be unable to recommend as medically necessary the studies in total, given the inclusion of nerve conduction velocities. This is in accordance with the ODG Guidelines. The reviewer finds that medical necessity does not exist for EMG/NCV 95903, 95904.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 Updates

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 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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**