

# US Decisions Inc.

An Independent Review Organization  
2629 Goldfinch Dr  
Cedar Park, TX 78613-5114  
Phone: (512) 782-4560  
Fax: (207) 470-1085  
Email: manager@us-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/05/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** EMG/NCV bilateral lower extremities

**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

Medical Clinic, 04/16/08, 04/22/08, 05/06/08, 05/28/08

X-ray lumbar spine, 04/18/08

X-ray pelvis, 04/18/08

Rehab evaluation, Dr., 04/28/08

MRI lumbar spine, 05/08/08

Office notes, Dr., 07/02/08, 08/06/08, 08/27/08, 11/12/08, 12/10/08, 01/26/09, 02/11/09,

03/11/09, 04/15/09, 06/17/09, 09/02/09, 10/07/09, 10/21/09, 02/17/10

L-S spine x-rays with flexion/ext views, 07/03/08

Operative report, Dr., 01/27/09

Peer review, Dr., 09/25/09

Peer review, Dr., 10/16/09

Record review, Dr., 12/22/09

IME, Dr., 01/22/10

Peer review, Dr., 02/26/10

Peer review, Dr., 03/09/10

MRI cervical spine, 08/06/08, 07/16/09

EMG/NCS of upper extremities, 08/15/08

Cervical CT/myelogram, 12/09/08

X-ray cervical spine, 08/06/08, 02/11/09, 04/15/09, 06/17/09, 09/02/09, 10/07/09

### PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx when he was sleeping in the cab of his truck and was hit by another truck and he was tossed around in the cab. He was seen at the Medical Clinic on xx/xx/xx with pain in the low back and anterior left thigh. X-ray of the

lumbar spine showed multilevel degenerative arthritic changes. Lumbar MRI on 05/8/08 showed moderate to severe degenerative disc disease at L2-3 with moderate foraminal compromise bilaterally. L4-5 had moderate foraminal stenosis bilaterally and L5-S1 demonstrated significant degenerative disc disease with moderate to severe foraminal stenosis bilaterally in conjunction with facet degenerative changes. On 05/28/08 the Medical Clinic note indicated numbness in the distribution of the lateral femoral cutaneous nerve. The impression was back pain due to bulging disc, spinal stenosis, neuropathy, and degenerative disc disease. The claimant was referred for neurosurgical evaluation.

Dr. evaluated the claimant on 07/02/08 for neck pain, upper back pain, low back pain, and pain in the medial aspect of the left groin as well as anterolateral thigh. The neurological evaluation was intact. The diagnosis was foraminal stenosis at L4-5 and L5-S1 with some symptomatic stenosis at L2-3. A selective nerve root block at L2-3 was ordered. A cervical MRI was ordered. Lumbosacral spine x-rays were done on 07/03/08 showing moderately severe L2-3 degenerative disc disease, moderate L1-2 degenerative disc disease and some facet joint degenerative changes relatively mild from L3-S1. There was slight retrolisthesis of L2 on L3. On 08/06/08 Dr. noted that the L2-3 injection gave him about a day of relief. At that visit, the cervical spine was bothering him the most. Records indicate that subsequent treatment focused on the cervical spine although notes did state that the lumbar symptoms were still present. On 01/27/09 the claimant underwent anterior cervical discectomy and fusion at C6-7. Post op visits from 02/11/09 to 06/17/09 noted the claimant continued to have neck pain. A post op cervical MRI was ordered. Records also indicated that the claimant continued to have back issues secondary to lumbar degenerative disease throughout that time period.

At the 10/07/09 visit the claimant's main problem was the low back and anterior thigh complaints. Mild quad weakness of 5 minus on the left was noted and tibialis anterior strength was 5 minus on the left. Patella tendon reflexes were hyperreflexive. The physician recommended a lumbar MRI and lower extremity EMG/NCS (electromyography/nerve conduction studies). These studies were denied on peer review. On 10/21/09 the claimant complained of paresthesias and numbness in the anterior thigh as well as some burning sensations in the anterior aspect of the left quadriceps. Left quad strength was 5-/5 and left extensor hallucis longus strength was noted to be 3 plus to 4 out of 5. The physician again recommended a lumbar MRI.

Dr. performed an independent medical evaluation on 01/22/10. On exam the claimant was able to heel/toe walk. Straight leg raise was positive on the left at 70 degrees with tight hamstrings. Strength was 5/5. Reflexes were 2 plus at the patella and 1 plus at the Achilles. The right calf circumference was one centimeter less than the left. Sensory exam was intact. The diagnosis was lumbosacral spinal stenosis with disc bulge L5-S1 and L2-3. Dr. felt that the claimant needed further evaluation of the lumbar spine.

At the 02/17/10 visit with Dr. lower extremity strength was noted to be intact. However, given the fact that the claimant was still having paresthesias down the lower extremities, Dr. recommended an EMG (electromyographic) study to assess whether or not there was evidence of any radiculopathy and/or nerve issues in the lower extremities. This study was denied on peer reviews of 02/26/10 and 03/09/10.

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

The most recent records would suggest no specific radicular deficits. In fact, the February 2010 records suggest that previously suspected extensor hallucis longus weakness had resolved.

There are simply no persistent findings of radiculopathy on recent examinations to support the request for electrodiagnostic testing. The information provided does not satisfy the ODG guidelines for the requested test. Nerve Conduction Velocity testing would have no role in the assessment of a claimant believed to have radiculopathy in any case. The reviewer finds

that medical necessity does not exist for EMG/NCV bilateral lower extremities

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 Updates. Low Back.

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.

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.

#### **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)**