

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 07/19/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Electromyography and Nerve Conduction

DATES OF SERVICE FROM 06/10/2010 TO 06/10/2010

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Radiology report, 11/06/09
2. , 09/23/09, 03/08/10
3. 02/09/10
4. M.D., 05/03/10 through 06/01/10
5. M.D., 05/25/10
6. , 06/09/10, 06/11/10, 06/22/10
7. Peer review from M.D., 06/11/10
8. M.D., 06/15/10
9. M.D., 06/18/10
10. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

The injured employee developed low back pain with radiation into the lower extremity subsequent to an industrial related injury.

On 09/23/09, the injured employee presented to M.D. It was indicated that the injured employee stated he lifted one side of a refrigerator to place it on a roller when he had the onset of right low back pain. The pain was located on right lumbar region.

There was a lumbar MRI dated 11/06/09. The impression on that date was disc protrusion/extension L5-S1, with disc protrusion at L4-L5 without spinal stenosis or neural foraminal narrowing.

There was an MRI scan review dated 05/03/10 by M.D. The review of the MRI scan of the lumbar spine revealed L4-L5 and L5-S1 contained disc herniation graded at Stage II with annular herniation, nuclear protrusion, and spinal stenosis.

On 05/04/10, there was a new patient surgical consultation with Dr.. The assessment on that date was left inguinal hernia, low back pain with clinical instability, and herniated nucleus pulposus with failed conservative treatment, with primarily left sided radiculopathy. Dr. indicated that he basically had two options. The first was to accept his current disability or to proceed with surgical intervention.

There was a lumbar spine three views on 05/25/10 by M.D. The impression on that date was 3 mm. of translational motion at L1-L2, unchanged retrolisthesis at L2-L3, L3-L4, and L4-L5 in flexion and extension.

On 06/01/10, the injured employee returned to Dr. with continued complaints of back pain and left leg pain. He indicated he wished to proceed with surgical intervention.

On 06/11/10, there was a peer review report from M.D. The summary of records indicated the injured employee complained of back pain and left leg pain. It was Dr.'s opinion that the request for EMG/NCS was not medically necessary and appropriate.

On 06/11/10, there was a denial from.

On 06/18/10, there was another peer review report from M.D. It was also his opinion that the request for the EMG/NCS was not medically necessary.

On 06/22/10, there was a denial from.

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

The employee has MRI evidence of a disc extrusion at L4-L5 without stenosis or foraminal narrowing. The most recent physical examination revealed the employee had positive straight leg raise findings, sciatic notch tenderness, and positive Lasegue's on the left. Given the employee has equivocal evidence on advance imaging for nerve root compression and that his examination is somewhat contradictory, with positive nerve root tension signs, the employee does require electrodiagnostic studies. Disagreement is made with the initial

peer reviewers in that there was clear evidence within the medical documentation provided that there was no clear correlation between physical examination and advanced imaging studies, and therefore, objective radiculopathy cannot be confirmed. This is justification for performing nerve conduction studies, given that the employee is presenting to have symptoms of radiculopathy which are not clearly supported by MRI findings.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. *Official Disability Guidelines*