

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 08/24/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: EMG/NCV of Bilateral Lower Extremities

CPT: 95200, 95904, 95934, 05080, 96881, 95888, 95870

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

Texas Licensed Chiropractor

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Job Description
2. Xx/xx/xx - Employer's First Report of Injury or Illness
3. Xx/xx/xx- Radiographs Lumbar Spine
4. 12/04/08 - Clinical Note - ANP
5. 12/04/08 - Physical Therapy Note
6. 12/05/08 - Physical Therapy Note
7. 12/08/08 - Physical Therapy Note
8. 12/10/08 - Physical Therapy Note
9. 12/11/08 - Physical Therapy Note
10. 12/12/08 - Physical Therapy Note

11. 12/17/08 - Clinical Note - DC
12. 12/17/08 - Chiropractic Therapy Note
13. 12/22/08 - Chiropractic Therapy Note
14. 12/24/08 - Chiropractic Therapy Note
15. 01/05/09 - Chiropractic Therapy Note
16. 01/06/09 - Chiropractic Therapy Note
17. 01/09/09 - MRI Lumbar Spine
18. 01/09/09 - MRI Right Shoulder
19. 01/16/09 - Electrodiagnostic Studies
20. 01/30/09 - Clinical Note -, MD
21. 02/02/09 - Psychological Evaluation
22. 02/05/09 - Clinical Note - MD
23. 02/19/09 - Functional Capacity Evaluation
24. 02/26/09 - Electrodiagnostic Studies
25. 02/27/09 - Clinical Note - MD
26. 03/05/09 - Chronic Pain Management Progress Note
27. 03/27/09 - Clinical Note - MD
28. 03/30/09 - Clinical Note - MD
29. 03/30/09 - Drug Testing Report
30. 03/31/09 - Designated Doctor Evaluation
31. 04/03/09 - Independent Medical Evaluation
32. 04/16/09 - Clinical Note - MD
33. 05/22/09 - Clinical Note - MD
34. 06/01/09 - Operative Report
35. 06/01/09 - Surgical Pathology Report
36. 06/25/09 - Designated Doctor Evaluation
37. 09/17/09 - Designated Doctor Evaluation
38. 10/29/09 - Clinical Note - MD
39. 12/01/09 - Clinical Note - MD
40. 12/17/09 - Physical Performance Evaluation
41. 02/01/10 - Clinical Note - MD
42. 02/08/10 - Clinical Note - MD
43. 02/11/10 - Clinical Note - MD
44. 03/04/10 - Clinical Note - MD
45. 03/10/10 - Clinical Note - MD
46. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who sustained an injury on xx/xx/xx when she slipped and fell on a wet floor, causing pain to the right upper buttock and right hand per the Employers First Report of Injury or Illness. Radiographs of the lumbar spine performed xx/xx/xx were normal without evidence of malalignment or fracture.

The employee was seen on 12/04/08. Physical examination of the lumbar spine reveals no erythema, swelling, spasm, or ecchymosis. The employee was able to toe and heel walk normally. There was tenderness of the right lumbar spine at

L3-L4. Straight leg raise was associated with pain in the lower back on the right at 40 degrees. The employee was assessed with lumbar strain and contusion of the lumbar region. The employee was prescribed Celebrex and Skelaxin. The employee was recommended for physical therapy.

The employee saw Dr. on 12/17/08. The employee stated when she fell, she landed on her low back and right side. She stated she felt immediate pain to the low back, right shoulder, and arm. The employee was assessed with lumbar sprain/strain, lumbar intervertebral disc displacement, lumbosacral sprain/strain, shoulder sprain/strain, rotator cuff syndrome, deep and superficial muscle spasms, and restriction of movement. The employee was recommended for twelve sessions of physical therapy.

An MRI of the lumbar spine performed 01/09/09 demonstrated L4-L5 minimal internal desiccation and minimal disc bulging with no focal disc herniation or canal stenosis. An MRI of the right shoulder performed 01/09/09 demonstrated minimal acromioclavicular degenerative changes with subacromial bursitis. No osteochondral lesions or rotator cuff tear was identified.

Bilateral lower extremity electrodiagnostic studies performed 01/16/09 demonstrated no evidence of abnormality.

The employee saw Dr. on 01/30/09. Physical examination revealed positive impingement test and sign in the right shoulder. There was tenderness to palpation with overhead adduction and in the acromioclavicular joint. There was mild weakness of the supraspinatus muscle. There was tenderness to palpation of the paraspinal muscles of the lumbar spine. There were no signs of radiculopathy. The employee received a steroid injection to the acromioclavicular joint. The employee was referred to a pain management doctor for possible epidural blocks.

The employee was seen for psychological evaluation on 02/02/09. Current medications included ibuprofen 800mg and Cyclobenzaprine 10 mg. The employee rated her pain at 8 to 9 out of 10 on the VAS scale with medications. The employee reports a sharp pain in the right shoulder radiating to the elbow extending down to the arm. The employee also complained of constant pain in the lower back and right side of the ribs. The employee's BDI score was 28, indicating moderate depression. The BAI score was 51, indicating severe

anxiety. The employee was recommended for six individual psychotherapy sessions.

A Functional Capacity Evaluation (FCE) was performed on 02/19/09. The employee's occupation as a required a heavy physical demand level. The report stated the employee was capable of handling a sedentary to light physical demand level. The employee was recommended for work conditioning/hardening.

Electrodiagnostic Studies of the upper extremities performed 02/26/09 demonstrated no evidence of abnormality. The median and ulnar F wave latencies were within the range of normal variation bilaterally.

A Designated Doctor Evaluation was performed in 03/31/09. Current medications included ibuprofen 800 mg and Robaxin 500 mg. Physical examination revealed the claimant ambulated with a slight limp. She was able to sit and arise from a chair without difficulty. The employee was unable to walk on her toes or heels. There was tenderness in the lower lumbar area. No muscle spasm or trigger points were noted. Range of motion was restricted with flexion due to pain. Examination of the right shoulder revealed tenderness over the acromioclavicular joint and acromion process. There was no joint crepitation, joint swelling, or joint subluxation. Range of motion was full with pain. Straight leg raise was negative bilaterally. There was decreased sensation overall in the right upper and lower extremities. The employee was assessed with lumbar strain and right shoulder strain. The employee was placed at MMI and was assigned a 4% whole person impairment.

The employee underwent arthroscopic debridement, subacromial decompression, mini open rotator cuff repair, and mini open distal clavicle resection on 06/01/09.

A Designated Doctor Evaluation was performed on 06/25/09. The employee complained of pain to the right shoulder, low back, and pelvis. The employee stated the pain ranged from 2 to 8 out of 10 on the VAS scale. Physical examination revealed tenderness to palpation over the superior aspect of the right shoulder. Range of motion of the right shoulder was decreased. Grip strength of the right side was decreased. There was no tenderness to palpation, trigger points, or muscle spasm of the paraspinal muscles. There was no pain with axial compression. There was moderate tenderness to palpation of the lumbar spine. Range of motion of the lumbar spine was decreased. The employee was assessed with postoperative acromiectomy and lumbar strain. The report stated the extent of the compensable injury is the right shoulder and lumbar spine strain.

A Physical Performance Evaluation was performed on 12/17/09. The report stated the employee was capable of handling a sedentary to light physical demand level.

The employee saw Dr. on 02/01/10 with complaints of constant low back pain. The note stated the employee was currently attending physical therapy. Current medications included Ibuprofen 800 mg, Skelaxin, and Naproxen. Physical examination revealed cramps from the groin on the right side to the feet. There was hyperesthesia throughout the entire right lower extremity. There was no definite weakness. The employee was assessed with low back pain and degenerative disc disease. The employee was recommended to continue physical therapy. The employee was referred for pain management.

The employee saw Dr. on 03/04/10 with complaints of low back pain. Physical examination revealed severe tenderness to deep palpation in the lumbar spine and right paraspinal musculature. There was no paraspinal spams. Range of motion was limited due to pain. Straight leg raise was positive bilaterally. The employee was assessed with thoracic or lumbosacral neuritis or radiculopathy, trochanteric bursitis, lumbago, and unspecified myalgia and myositis. The employee was prescribed Gabapentin, Tramadol, ibuprofen 800 mg, and Diazepam. The employee was recommended for right transforaminal epidural steroid injections.

A request for EMG/NCV bilateral lower extremities was denied by utilization review on 07/16/10 due to minimal justification for performed nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

A request for EMG/NCV bilateral lower extremities was denied by utilization review on 07/26/10 due to no explanation or rationale to show how the current request is related to the original work injury. There was no evidence of neurological deficits on a recent exam/evaluation to support or warren the current request. There was no evidence of neurological deterioration or worsening since the date of injury. There was no evidence the claimant was under surgical consideration at that time.

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

The employee sustained an injury to the right upper buttock when she fell.

Imaging studies of the lumbar spine revealed mild degenerative changes only. The most recent examinations reveal global hyperesthesia in the right upper extremity with tenderness in the lumbar spine. Guidelines do recommend EMG studies to obtain unequivocal evidence of radiculopathy and do not recommend NCV studies in evaluation of the lower extremities. The clinical documentation does not support the requested electrodiagnostic studies as there is no evidence of any focal neurologic deficits that suggest a lumbar radiculopathy is present. EMG/NCV studies at this point in time would not reasonably guide the course of this employee and would not be indicated.

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

1. **Official Disability Guidelines**, Online Version, Low Back Chapter