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Notice of Independent Review Decision

DATE OF REVIEW: 08/06/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of EMG/NCV with ultrasound of bilateral lower extremities.

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

The reviewer is a Doctor of Chiropractic who is board certified in Rehabilitation. This reviewer has been practicing for greater than 15 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of EMG/NCV of the lower extremities but agrees with the previous adverse determination regarding the prospective medical necessity of ultrasound of bilateral lower extremities.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Pain & Rehab Center and.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from: 7/1/10 follow up report by , 8/4/09 report by MD, pelvic floor disorder questionnaire 3/10/10, 5/3/10 urodynamics procedure report, 4/30/10 Methodist note with uroflowmetry and 4/30/10 voiding cystometry report.

: 7/26/10 letter by, ODG Low back section regarding EDS and US, 7/9/10 denial letter, 7/2/10 preauth request, LMN 6/3/10 to 7/2/10, office notes and reports by Dr. 4/27/07 to 7/1/10, 7/2/10 MRI script, undated EMG/NCV script, 7/10/08 to 5/27/10 notes by, 11/4/09 to 6/10/10 handwritten progress report (unknown party), various DWC 73 forms, neuroconductive garment scripts, 6/22/10 denial letter and advisor report, 6/3/10 lumbar MRI script, 10/8/09 to 11/4/09 MD scripts, 10/8/09 psychiatric evaluation report, 9/18/06 to 9/3/09 reports by MD, 6/11/10 denial letter and advisor report, 6/9/10 preauth request, 6/12/07 report by Dr., 2/11/10 approval letter, 2/9/10 preauth request, 12/23/09 approval letter, 10/5/06 lumbar MRI report, various DMEPOS fee schedules, 2/18/09 to 9/2/09 case management notes, 2/6/09 to 8/3/09 urinalysis reports, DD report by, MD 3/26/09 and 8/14/09, 8/10/09 clarification request for DD, 7/27/09 letter by unknown party, 7/20/09 denial letter and advisor report, 7/16/09 preauth request, 12/19/07 neurodiagnostic report, IME referral 7/14/09, DWC 22 form, 6/1/09 denial letter, 5/29/09 denial letter, 5/22/09 preauth request, 8/17/09 FCE, 4/17/09 FCE report, 6/9/08 to 2/17/09 AF01 reports, 2/18/09 BRC letter, 4/28/08 to 3/16/09 letters by, various screen prints, 2/5/09 letter by, to 7/15/08 to 1/9/09 letters by, 12/29/08 letter by, 5/20/08 DD report with DWC 69 by Dr., undated letter of clarification by Dr., 1/7/09 initial diagnostic screening report, 1/12/09 SOAP note by Chiropractic, 1/9/09 letter by, 12/12/08 BRC report, 1/21/09 denial letter and advisor report, 1/15/09 preauth request, 10/27/08 denial letter and advisor report, 10/8/08 letter of clarification, 8/11/08 DD report, undated LMN by MD, office notes by Dr. 1/24/08 to 5/15/08, 3/12/08 script, 6/11/08 report by Dr., 7/30/08 letter of clarification, 3/1/07 DD report by, MD, 8/1/07 office notes by, MD, 7/7/08 letter of clarification, 6/30/08 report by MD, 7/17/08 letter by MD, PLN 11 reports of 9/7/04 to 8/14/06, 5/1/08 to 5/22/08 reports by LPC, 5/19/08 typewritten office note (unknown party), 4/30/08 lumbar MRI report and 4/16/08 lumbar radiographic report.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient's injury occurred in xx/xxxx while loading pans onto a cart at work. She notes that she tried to catch a falling pan causing her to have lower back pain. She has been treated with a multitude of medications, surgery, PT, chiropractic, CPM, psychological sessions et. al. She has been diagnosed with Cauda Equina Syndrome; however, the carrier has not accepted this as a compensable injury. The current request is for an EMG/NCV and ultrasound of the bilateral lower extremities.

Dr. indicates that Dr. requested additional diagnostic testing. It is clear in Dr.'s assessment in 2009 that he felt like a urological workup should be performed and followed up with a urological professional.

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

The ODG gives the following as Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards:

(1) EDX testing should be medically indicated.

- (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for “screening purposes” rather than diagnosis are not acceptable.
- (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis.
- (4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed.
- (5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted.
- (6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. The reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression.
- (7) In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner.

The ODG notes the following regarding ultrasonography: Not recommended for the diagnosis of low back conditions. In uncomplicated low back pain its use would be experimental at best. No published peer reviewed literature supports the use of diagnostic ultrasound in the evaluation of patients with back pain or radicular symptoms.

The reviewer indicates that the above ODG requirements are met for the EMG/NCV testing to determine the basis of the patient’s neurological symptoms. However, the ODG does not allow the ultrasonography for this type of injury or condition. Therefore, a split decision is reached approving the EMG/NCV and denying the US based upon the records provided by the parties to the review.

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**
- 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)