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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient EMG NCV of the left lower extremity (LLE)

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

Notices of UR Findings, 5/6/10, 4/23/10
Office notes, Dr. 01/20/09, 01/29/09, 02/06/09
Physical Therapy Initial Evaluation, 01/22/09
Physical Therapy Progress Notes, 02/11/09
DDE, Dr., 02/17/09
Addendum, Dr., 03/16/10
Office note, Dr., 04/16/10
Peer review, Unknown Physician, 04/19/10, 04/29/10
ODG guidelines/Low Back – Lumbar & Thoracic

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant with a reported low back injury that occurred while at work on xx/xx/xx while moving a heavy cylinder with a diagnosis of lumbar sprain/strain, low back pain and lumbar radiculopathy. On 01/20/09 Dr. documented findings from an undated lumbar MRI that included disc protrusion at L4-5 without compromise of the neural foramina. Conservative management included medications, modified duty and chiropractic care with no significant improvement in his symptomology. A designated doctor's evaluation completed by Dr. on 02/17/09 determined the claimant to have reached maximum medical improvement

with a zero percent whole person impairment rating. A designated doctor's evaluation completed by Dr. on 01/19/10 revealed unsteady and painful heel/toe walking, tenderness of the lumbar paraspinal muscles, lumbar spine and sacrum with positive bilateral straight leg raises and pain with axial compression. He also documented 6 out of 8 positive Waddell's signs significant for symptom magnification. An orthopedic evaluation completed on 04/16/10 revealed chronic low back pain radiating down into the left leg with associated numbness and tingling and mild left leg weakness.

Dr. documented his review of a lumbar MRI performed on 01/16/09 that showed a mild bulge at L4-5 with multi level disc degeneration and a larger L5-S1 anterior osteophyte. Exam findings revealed tenderness over the lumbar paravertebrals with a positive left straight leg raise. Dr. requested authorization to proceed with an EMG/NC study of the left lower extremity.

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

The proposed EMG nerve conduction study of the claimant's left lower extremity is not medically necessary based on review of this medical record in this case. If one looks to the ODG Guidelines, nerve conduction studies are not recommended at all in the lower extremities and state there minimal justification for performing nerve conduction studies when the claimant is presumed to have symptoms on the basis of radiculopathy. EMG is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy. EMG per ODG Guidelines is not necessary if radiculopathy is already clinically obvious. The claimant has had a long-standing problem with low back pain, degenerative findings on MRI which do not show any significant nerve root impingement. Examination findings have not demonstrated any significant neurologic deficits in the claimant's bilateral lower extremities. The reviewer finds that medical necessity does not exist for Outpatient EMG NCV of the left lower extremity (LLE).

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates: Low Back – EMG/NC study

EMGs (electromyography): 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.

Nerve conduction studies (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.

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)