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Notice of Independent Review Decision

DATE OF REVIEW: 04/21/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: EMG/NCV right lower extremity
EMG/NCV left lower extremity

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 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Electrodiagnostic studies dated 07/07/92
2. Evoked potential report dated 07/14/92
3. Neurologic consultation dated 05/05/93
4. Electrodiagnostic studies dated 10/20/93
5. Evoked potential study dated 11/01/93
6. Electrodiagnostic studies dated 07/20/00
7. Electrodiagnostic studies dated 08/06/02
8. Clinical notes dated 10/06/09-02/02/10
9. Pre-surgical screening report dated 12/14/09
10. Behavioral health treatment progress report dated 03/06/10
11. Prior reviews dated 03/16/10 and 03/25/10
12. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx. The employee initially had complaints of persistent pain in the lumbar spine radiating to the legs.

The employee has undergone multiple electrodiagnostic studies in 1992 and 1993 revealing evidence of irritability in the L5-S1 nerve roots, worse at the S1 nerve roots.

Electrodiagnostic studies performed on 06/28/00 revealed the presence of bilateral L3-S1 motor radiculopathy.

A second electrodiagnostic study performed on 08/06/02 revealed acute irritability from L3-S1, particularly in the L4-S1 distributions.

The employee was recently seen by Dr. on 10/06/09. The employee stated his symptomatology had not changed and he continued to have low back pain radiating to the lower extremities. The employee had a current smoking habit of six to seven cigarettes per day. Physical examination revealed tenderness in the lumbar spine at the paravertebral musculature. Range of motion was restricted and there was continued decreased sensation to light touch in the lateral aspect of the right leg. MRI studies were stated to show disc protrusions at the L3-L4 and L4-L5 segments. No independent MRI report was submitted for review. The employee was recommended for a multidisciplinary chronic pain program.

A follow up on 10/29/09 stated the employee's symptomatology had again not changed. The physical examination was unchanged from prior examinations. The employee was referred for electrodiagnostic studies of the lower extremities.

A follow up on 12/15/09 stated the employee had a recent increase in severe lumbar pain after playing with his grandchild. Electrodiagnostic studies were not approved for the employee. The physical examination revealed continuing tenderness in the lumbar region through the paravertebral musculature with reduced range of motion. Hypoesthesia remained in the right lower extremity. There was no focal motor strength loss noted. The employee was referred for epidural steroid injections and provided a Lidoderm 5% patch.

A follow up on 02/02/10 stated the employee had increased his Tramadol intake to two tablets t.i.d. The employee continued to have complaints of low back pain that was radiating to the lower extremities. Physical examination was unchanged from prior examinations. The employee was recommended for decompression and stabilization at the L3-L4 and L4-L5 segments.

A utilization review report dated 03/16/10 stated that the requested electrodiagnostic studies were not recommended as there was insufficient objective clinical documentation of responses to prior treatments, nor was there objective clinical documentation that the employee sufficient courses of physical therapy or had optimized pharmacologic treatment prior to the requested electrodiagnostic studies. The

employee had also undergone two previous electrodiagnostic studies that both showed pathology involving the bilateral L3-S1 nerve roots.

A second utilization review report dated 03/25/10 reported the requested electrodiagnostic studies were not recommended, as the current guidelines did not recommend the use of electrodiagnostic studies for a clear diagnosis of nerve impingement, if subjective and objective findings suggested obvious radiculopathy as in this case.

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

The clinical documentation reveals the employee has had multiple electrodiagnostic studies as far back as 1992 which consistently revealed acute to chronic radiculopathy of the L3-S1 nerve roots bilaterally. Given the most recent updated physical examinations, the employee's physical examination findings are consistent with the electrodiagnostic studies, and it is reasonable to expect that additional electrodiagnostic studies would not reveal any significant changes or findings, as the employee's physical examination has been fairly stable. It does appear the employee does have radiculopathy, and repeat electrodiagnostic studies would not be warranted to provide further etiology regarding lumbar radiculopathy. As such, medical necessity is not established at this time.

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