

SENT VIA EMAIL OR FAX ON
Apr/28/2010

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral EMG/NCS

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

Board Certified Neurologist with 30 years experience in clinical practice

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

OD Guidelines
Denial Letters 3/16/10 and 3/31/10
Dr. 6/7/07 thru 6/10/09
Pain Institute 8/12/04
Advantage 7/5/06
Bone & Joint 8/20/09 thru 3/15/10
Progress Notes 8/31/09 thru 10/9/09
Work Comp Note 11/2/09 thru 1/21/10
DDE 1/12/10

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Ms. was injured in a rear-end collision and complained of low back and neck pain. She underwent a lumbar laminectomy in 2005 and cervical fusion in June 2009. She continues to complain of neck and back and extremity pain and paresthesias. Examination on Jan. 7, 10 showed neck pain 5/10 on a 1 to 10 scale, obesity and no neurological deficit demonstrated. Other examinations show inconsistent findings in regard to range of motion of the lumbar spine and variable motor deficits. History reveals lack of sleep, continued use of narcotic medication and significant anxiety and depression.

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

This patient has continuing pain involving most of the musculoskeletal system without any consistent neurological deficit. What is the cause of the continuing back pain? EMG could show evidence of radiculopathy but can we be sure this is the cause of the patient's continuing discomfort? Aggravating factors could include tossing and turning in her sleep,

unintentionally spraining muscles while under the influence of narcotic medication, poor nutrition, poor physical conditioning, depression and obesity. Even if radiculopathy can be demonstrated, a back operation in this clinical situation has little chance of being successful. The IRO reviewer is not convinced from reading the record that the cause of the back pain is not muscular sprain aggravated by both physical and psychological factors. Expectations of relief of pain with surgery are unrealistic. The request is not medically necessary.

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)