Advanced Medical Reviews

ACCREDITED
EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 5/19/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EMG/NCS to the bilateral lower extremities

QUALIFICATIONS OF THE REVIEWER:
Orthopaedics, Surgery Trauma

REVIEW OUTCOME:
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

EMG/NCS to the bilateral lower extremities Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Official Disability Guidelines (ODG)
2. Fax page dated 4/29/2010
3. Notice to air analyes by dated 4/29/2010
4. Notice to utilization review by dated 4/29/2010
5. IRO request form by author unknown, dated 4/28/2010
6. Request form by author unknown, dated 4/28/2010
7. Peer review note by MD, dated 4/15/2010
8. Preauthorization request by MD, dated 4/14/2010
9. Pre-authorization worksheet by MD, dated 4/14/2010
10. Fax page dated 4/9/2010
11. Preauthorization request by MD, dated 4/7/2010
12. Pre-authorization worksheet by MD, dated 4/7/2010
13. Letter by MD, dated 4/7/2010
14. Letter by author unknown, dated 3/29/2010
15. Air analyes DBA advanced medical review by author unknown, dated unknown
16. Pre-authorization request form by author unknown, dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:
This injured employee is a male with a DOI (date of injury) on x/x/xx. He sustained a left hip and low back strain. The MRI dated 8/7/09 demonstrated multilevel degenerative changes with congenitally short pedicles leading to stenosis at L2-3, 3-4 and 4-5; spondylolisthesis L5-S1. Those were considered pre-existing. Radiographs of left hip and lumbar spine demonstrate no acute change. He was felt to be at MMI (maximum medical improvement) on 7/23/09 and given a 5% impairment rating. The most recent clinical note from Dr. Telfeian on 3/29/10 indicated improvement in LLE (left lower extremity) radiculopathy with PT (physical therapy) and injections. The injured employee reports weakness in dorsiflexion with claudication symptoms.

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

After review of the records provided, there is no indication for bilateral EMG/NCV (electromyography/nerve conduction velocity) based on ODG criteria. The ODG criteria do not validate the use of a NCS for radiculopathy and the need for EMG in the presence of radiculopathy is also equivocal.

The clinical notes indicate there are also vascular symptoms of claudication. There is no documentation provided of neurological deficit.

In addition, the injured employee clearly has spinal stenosis and the EMG would not be needed to plan surgery for this based on the MRI findings.

The recommendation is to uphold the previous denial.

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
- **X** 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
- **X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Occup Med. 1998 Jan-Mar;13(1):97-120. Electrodiagnostic medical consultation in lumbar spine problems. Grant PA. Department of Physical Medicine and Rehabilitation, Rogue Valley Medical Center, Medford, Oregon, USA.

Neurol Clin. 2004 Aug;22(3):619-41, vi. Electrodiagnostic testing in neuromuscular disorders. Barboi AC, Barkhaus PE. Department of Neurology, Medical College of Wisconsin, Milwaukee, WI, USA. abarboi@neurscience.mcw.edu

Am J Phys Med Rehabil. 2008 Oct;87(10):789-97. Magnetic resonance imaging vs. electrodiagnostic root compromise in lumbar spinal stenosis: a masked controlled study. Chiodo A, Haig AJ, Yamakawa KS, Quint D, Tong H, Choksi VR. Department of Physical Medicine, The University of Michigan Health System, Ann Arbor, Michigan 48108, USA.

AMR Tracking Num: 184