



IRO# 5356
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Notice of Independent Review Decision

DATE OF REVIEW: 05/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO - Physical Therapy x 14 sessions to the Lumbar

AND

EMG/Lower NCV Lumbar

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

This case was reviewed by a Texas licensed DO, specializing in Preventive Medicine/Occupational Medicine, Family Medicine. The physician advisor has the following additional qualifications, if applicable:

ABMS, AOA Preventive Medicine: Occupational Medicine, Family Medicine
ABMS, AOA Family Medicine, Preventive Medicine: Occupational Medicine

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO - Physical Therapy x 14 sessions to the Lumbar AND EMG/Lower NCV Lumbar	97110, 97112, 97140, 95903, 95904, 95934, 95926	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request		20	04/26/2010	04/26/2010
2	IRO Carrier/URA Records		17	04/27/2010	04/27/2010

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a female with a reported date of injury as xxxxx. The claimant was lifting bags of coins and developed low back pain. Additional history in a report from Dr. dated xxxxx indicated that the claimant was bending over to pick up her purse on xxxxx and her back gave out. Since that time she has been reporting pain running down her left leg. This note also stated that the patient claimed that pain before xxxxx to her lower back was minimal.

An MRI performed on 02/03/09, reportedly showed a central disc protrusion at L5-S1 centered just to the right of mid line. There had been an interval development of a tiny posterior annular tear. Otherwise, there was no significant change from a study done on 02/12/08.

A progress note from Dr. on 02/26/10 indicated that the claimant's condition was improving. Symptoms did include radiation to the left leg. On physical exam there were no sensory or motor deficits and reflexes were normal and straight leg raise was negative. Diagnoses included an improved lumbosacral strain and resolving sciatica. Treatment in the past appears to have included medications, trigger point injections and physical therapy. The doctor has now requested 10 physical therapy visits, as well as, EMG/NCV tests.

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

The current request would not be reasonable or necessary. Concerning the EMG/NCV, the Official Disability Guidelines (ODG) indicates that when trying to determine radiculopathy, an NCV is not necessary. In this particular case, the only entity that we would be considered as it applies to the injury would be radiculopathy. However, the claimant has had two MRIs over a year apart that do not show any pathology that would cause specific left leg radiculopathy. On the other hand, clinical exam is also negative for findings. When this is cross-indexed with the fact that the patient's symptoms are resolving, the EMG/NCV is not medically necessary.

As to the physical therapy, as I understand it, she has participated in a course of physical therapy in the past and as such, should be well-versed in home exercises. At this point some two years after the original injury, passive modalities applied by a therapist would be of no more benefit than local modalities applied at home. Further, there are no specific exercises at this point that would be performed in a clinic setting that could not be performed at home. As such, there is no medical necessity for a formal therapy program. Once again I would observe that according to the doctor's last provided progress note, the individual's symptomatology was resolving.

The IRO request for physical therapy x 14 session and the EMG/NCV request are not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

PER ODG: EMG-Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. ([Bigos, 1999](#)) ([Ortiz-Corredor, 2003](#)) ([Haig, 2005](#)) Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. NCV-Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy

ODG Physical Therapy Guidelines – Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

- 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)**

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 05/17/2010.

