



Notice of Independent Review Decision

DATE OF REVIEW: November 18, 2010

IRO Case #:

Description of the services in dispute:

#95900 NERV CONDUCT VELOCITY/LATENCY S

#95904 NERV CONDUCT VELOCITY/LATENCY ST

#95860 EMG; 1 EXTERNAL AND RELATED PARASPINA

#95864 NEEDLE EMG; 4 EXTREMITIES W/WO RELATED PARAS

#99242 OFFICE CONSULTATION

#95861 BILATERAL EMG

#95870 NDL EMG LMTD STD MUSC 1 XTR/NON-L

#95934 H-REFLUX STUDY, GASTROCNEMIUS/SOLEUS MUSCLE

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician reviewer providing this review is board certified by American Board of Physical Medicine and Rehabilitation in Physical Medicine and Rehabilitation. This reviewer has additional training in Hyperbaric Medicine and Acupuncture. This reviewer has been in active practice since 1993.

Review Outcome

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

Upheld

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Information provided to the IRO for review

Request for review by independent organization, 11/01/10, 8 pages

Request form, 10/27/10, 1 page
adverse determination letter, 10/10/10, 2 pages
adverse determination letter, 9/22/10, 2 pages
preauthorization request, 1 page
Center letter of referral, 8/09/10, 3 pages
Center examination, 7/21/10, 5 pages
Institute follow up examination, 6/17/10, 2 pages
MRI of lumbar spine without contrast, 2/23/10, 1 page
Center treatment plan, 10/28/10, 1 page
Center problem focused history, 9/27/10, 6 pages
Center physical performance evaluation, 6/21/10, 11 pages
Report of Medical Evaluation, 6/18/10, 1 page Center
problem focused history, 6/17/10, 7 pages Institute
follow up examination, 5/17/10, 1 page Center
problem focused history, 5/17/10, 7 pages Center
functional capacity evaluation, 5/05/10, 1 page
MRI of the lumbar spine without contrast, 2/23/10, 1 page

Patient clinical history [summary]

The patient is a male who sustained an unknown injury to the low back on xx/xx/xx. The MRI of the lumbar spine performed on 2/23/10 demonstrates multilevel desiccation. There is a minimal bulge at L3-4 and L4-5. There is a small right central disc protrusion at L5-S1 with slight displacement of the right S1 nerve root. The patient saw Dr. on 5/17/10 for a follow up. The patient complains of continued pressure and difficulty sleeping. The physical exam reveals improved strength and range of motion. The patient is assessed with lumbar radiculalgia with radiculopathy, low back pain, and lumbar sprain/strain. The patient is recommended for continued physical therapy. The patient is prescribed Lidoderm Patches. The patient saw Dr. on 6/17/10 for follow up. The patient complains of low back pain. The patient reports no relief from the Lidoderm Patches. Current medications include hydrocodone 7.5/500 mg and cyclobenzaprine. The physical exam reveals the patient is unable to walk on his toes or heels. There is mild weakness with dorsiflexion and plantar flexion. There is decreased sensation in the lateral aspect of both legs. The patient is assessed with lumbar herniated nucleus pulposus, lumbar radiculalgia with radiculopathy, and low back pain. The patient is recommended for nerve root decompression on the right at S1. A physical performance evaluation is performed on 6/21/10. The patient's occupation as a requires a very heavy physical demand level. The patient demonstrates the ability to perform at a light to medium physical demand level. The patient is recommended for a work hardening program.

The patient saw Dr. on 7/21/10 with complaints of low back pain that travels to the right leg. The patient describes the pain as electrical. The patient reports sleep disturbance due to pain. The pain worsens with activity. The patient states physical therapy has decreased his pain. The physical exam reveals decreased lumbar range of motion. Straight leg raise is negative. There is minimal

discomfort to lumbar palpation. The patient is assessed with lumbar sprain/strain and lumbosacral radiculitis. The patient is recommended for electrodiagnostic studies of the lower extremities. It should be noted this clinical note is difficult to interpret due to poor handwriting and copy quality. The request for EMG/NCV is denied by Utilization Review on 9/22/10 due to lack of medical information regarding radicular symptoms and signs involving the bilateral lower extremities. The patient saw Dr. on 9/27/10. This clinical note is difficult to interpret due to poor handwriting and copy quality. The physical exam reveals decreased lumbar range of motion. The patient continues to report pain radiating down the right leg. The patient is recommended for electrodiagnostic studies. The request for EMG/NCV is denied by utilization review on 10/01/10 due to lack of rationale to support the medical necessity for an electrodiagnostic assessment. There is no documentation to indicate how results of such a study would affect a treatment plan.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Based on the clinical documentation provided for review, the previous denials are upheld. The patient initially presented with radiating pain complaints with findings on objective exams consistent with radiculitis. The patient was referred for physical therapy, which did provide some benefit per the patient. The most recent physical exams provide insufficient evidence of radicular findings that would warrant EMG/NCV studies. The patient's most recent exams are difficult to interpret due to poor handwriting and demonstrate restricted range of motion only. EMG/NCV studies are used as a diagnostic tool to confirm radiculopathy in patients with unclear exam findings; the patient should demonstrate some radicular findings to support the testing. At this point in time there is insufficient evidence to indicate that EMG/NCV studies would be required in order to guide the patient's course of therapy. As such, EMG/NCV studies would not be considered medically necessary.

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.
2. Haig AJ, Tong HC, Yamakawa KS, Quint DJ, Hoff JT, Chiodo A, Miner JA, Choksi VR, Geisser ME. The sensitivity and specificity of electrodiagnostic testing for the clinical syndrome of lumbar spinal stenosis. Spine. 2005 Dec 1;30(23): 2667-76.