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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/25/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat EMG/NCV BLE and Ultrasound Study Lumbar

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Electrodiagnostic Medicine
Member, American Institute of Ultrasound in Medicine (AIUM)

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

Official Disability Guidelines
Specialty Rick Services 8/30/10, 9/7/10
Pain & Rehab Center 3/10/10 to 10/8/10
Open MRI 2/9/10

PATIENT CLINICAL HISTORY SUMMARY

This is a woman reportedly injured in xxxx. Dr. wrote of multiple radiological findings. She apparently had surgery in March 2005 and then a second operation the next day for cauda equina syndrome. Dr. noted ongoing back pain and "radicular pain" with loss of motor and sensory function with hyperactive reflexes. EMG/NCV and US are requested for diagnostic purposes. The MRI showed the postoperative changes and nothing to suggest nerve compromise.

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

Although cited as a request for repeat electrodiagnostic testing, there was no prior study done according to the records reviewed. The role of electrodiagnostic studies is to assess for radiculopathy in the absence of clinical findings. This woman has major neurological loss. The role of electrodiagnostic studies for a radiculopathy at this point is not clear. Records indicate her pain may be of central origin. She has no volition or sensation per the report. I

am not aware of any AAENM (American Association of Neuromuscular & Electrodiagnostic Medicine) criteria of EMG and NCV studies in the assessment of a radiculopathy in paraplegia. The American Institute of Ultrasound in Medicine (AIUM) provides guidelines for the use of musculoskeletal ultrasounds. There is limited value of diagnostic musculoskeletal ultrasounds in adults for confirmation of facet dysfunction or nerve root compromise. ODG does not recommend NCS. ODG does not recommend ultrasound for the diagnosis of low back conditions. The role of electrodiagnostic studies for a radiculopathy in this patient's case is unclear. The reviewer finds no medical necessity for Repeat EMG/NCV BLE and Ultrasound Study Lumbar.

Nerve conduction studies (NCS) not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

EMGs (electromyography) recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. See Surface electromyography.)

Ultrasound, diagnostic (imaging)

Not recommended for the diagnosis of low back conditions. In uncomplicated low back pain its use would be experimental at best. (CCGPP, 2005) No published peer reviewed literature supports the use of diagnostic ultrasound in the evaluation of patients with back pain or radicular symptoms. (American Academy of Neurology, 1998) (de Graaf, 2006)

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: American Institute of Ultrasound in Medicine (AIUM))