

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 10/12/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Appeal EMG/NCS Lower Extremity

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

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)

Appeal EMG/NCS Lower Extremity Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax page dated 9/22/2010
2. Notice to air analyses by, dated 9/22/2010
3. Request for a review by author unknown, dated 9/16/2010
4. Letter by DC, dated 9/15/2010
5. Review summary by DC, dated 9/14/2010
6. Notification of determination by MD, dated 9/7/2010
7. Review summary by MD, dated 9/7/2010
8. IRO request form by author unknown, dated unknown
9. Notice to air analyses by dated 9/22/2010
10. Request for a review by author unknown dated 9/22/2010
11. Request for a review by author unknown dated 9/16/2010
12. Letter by DC dated 9/15/2010
13. Notification of determination by MD dated 9/7/2010
14. Fax page dated 9/1/2010 & 9/23/2010
15. Patient re-evaluation by DC dated 8/23/2010
16. Lumbar CT myelogram by MD dated 8/16/2010
17. Operative report by MD dated 8/16/2010
18. Letter by DC dated 9/24/2010
19. Notice of assignment by dated 9/22/2010
20. Patient re-evaluation by DC dated 7/6/2010 & 8/23/2010
21. Lumbar CT myelogram by MD dated 8/16/2010

Name: Patient_Name

22. Operative report by MD dated 8/16/2010
23. Initial consultation by DC dated 6/29/2010
24. Office visit by author unknown dated 3/2/2010
25. Operative report by MD dated 1/8/2010
26. Operative report by MD dated 1/8/2010
27. Electrodiagnostic consultation by MD dated 6/18/2009
28. Nerve conduction report by author unknown dated 6/18/2009

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male injured XX/XX/XX. He continues to complain of low back pain. On 8/18/10, he underwent a lumbar myelogram. He is using a transcutaneous electrical nerve stimulation (TENS) unit at home. His clinical exam from 8/23/10 demonstrates decreased strength at right L5-S1, bilateral straight leg raise is positive and decreased sensation of Right L5-S1.

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

Radiculopathy is a condition due to a compressed nerve in the spine that can cause pain, numbness, tingling, or weakness along the course of the nerve. Radiculopathy is caused by compression or irritation of the nerves as they exit the spine. This can be due to mechanical compression of the nerve by a disk herniation, a bone spur (osteophytes) from osteoarthritis, or from thickening of surrounding ligaments.

The injured worker is a male with his history noted above. A computed tomography (CT) myelogram of his lumbar spine demonstrated moderate to severe canal narrowing of L2-4; bilateral neural foramen L5-S1 and 4mm retrolisthesis of L5-S1.

The clinical exam note is consistent with the CT findings: right Achilles reflex (S1) is absent, decreased sensation of L5-S1 on the right, weakness of right tibialis anterior and bilateral positive straight leg raise.

There is radiographic and clinical documentation of radiculopathy.

According to the ODG criteria: 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. In this case, the diagnosis of radiculopathy is obvious. There are no red flag exam findings or concern for a progressive neurologic deficit. There is no indication the treatment would change. The denial is upheld and consistent with ODG criteria. 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
- 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)

van der Windt DA, Simons E, Riphagen II, Ammendolia C, Verhagen AP, Laslett M, Devillé W, Deyo RA, Bouter LM, de Vet HC, Aertgeerts B. Physical examination for lumbar radiculopathy due to disc herniation in patients with low-back pain. Cochrane Database Syst Rev. 2010 Feb 17;2:CD007431.

Rubinstein SM, van Tulder M. A best-evidence review of diagnostic procedures for neck and low-back pain. Evid Based Med. 2010 Jun;15(3):82-3.