

SENT VIA EMAIL OR FAX ON
Sep/22/2010

Applied Assessments LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EMG/NCV Bil LE

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines
Denial Letters 8/16/10 and 9/2/10
Health Center 8/3/10 and 7/22/10
Dr. 8/23/10
Dr. 7/6/10
Dr. 3/19/10 thru 6/4/10
OP Report 2/8/10
Dr. 12/3/09 thru 1/21/10
Neurosurgical Institute 1/7/10
10/29/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in a fall on xx/xx/xx. He had neck and low back pain. He had an MRI that showed an L5/S1 NNP and bilateral recess stenosis at L5/S1 with lesser at L4/5. He underwent a left L5/S1 microdiscectomy and an L4/5 foraminotomy on 2/8/10. His symptoms returned. The MRI on 8/25/10 showed the prior surgery with a large left L5/S1 disc herniation into the left foramen. Dr. 7/22 exam showed symmetrical reflex, but the ankle jerks were absent. He had hyperesthesia in the left L5/S1, 2 distribution. The checklist exam on 8/3/10 showed bilateral weakness in the hamstrings, quads, hip flexors and iliotibial bands. It did not include any sensory levels or reflexes.

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

In essence, the examination shows signs of the L5/S1 radiculopathy based upon sensory loss. He is 6 months post op. As noted, the electrodiagnostic studies are not needed when the diagnosis of a radiculopathy is clear, as in this case. However, this person also had the prior surgery that may explain some of these symptoms. Further, he has diabetes and there could possibly be a component of a diabetic neuropathy as well. Considering the option of a possible repeat back operation, the IRO reviewer's medical assessment is that the electrodiagnostic studies may help clarify the possible diabetic component. That in turn would exclude a second operation. The request is medically necessary.

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)