



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 10-7-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG/NCV of bilateral lower extremities-95861, 95900, 95904, 95934, 95860, 99242, 99245, 95869, 95870

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

American Board of Physical Medicine and Rehabilitation

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MD., office visits on 1-5-10 and 1-28-10.
- 1-21-10 MRI of the lumbar spine and cervical spine.
- Undated surgical procedure performed by MD.
- 6-17-10 Physical Performance Evaluation.
- Work conditioning notes on 7-13-10.
- Follow up visit with unknown provider on 3-29-10, 6-10-10 and 7-12-10.
- 8-2-10 MD., office visit.
- 8-16-10 DO., performed a Utilization Review.
- 9-2-10 DC., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

1-5-10 MD., the claimant has a past medical history of neck and back pain as a result of a work related injury he suffered on xx/xx/x. The pain he experiences in his neck radiates to his hands with a feeling of numbness, weak hand grip and tingling in fingers. The pain he experiences in his lower back described as a sharp pain and is felt more on the left side and radiates to his right leg causing numbness and weakness on his leg. Sitting, standing and bending make the pain worse. Lying down and massage help to relieve the pain. On a scale of 1 to 10 the pain is at a 6. He can only walk for a maximum of 15 minutes due to back pain. He states he has received injections for the pain and the pain has remained. He has problems both moving his neck and moving his back in any direction. He continues to do all of his activities of daily living as necessary. Due to severe pain he also experiences headaches. He is taking medication for the pain although he does not recall the names of the medication and does not carry a list. He also complains of sleep disturbance and irritability due to pain and discomfort as well as anxiety. He denies having any bladder or bowel problems.

1-21-10 MRI of the lumbar spine shows multilevel spondyloarthrosis. At L3-L4, L4-L5 desiccation, narrowing, osteocartilaginous disc bulge, and facet arthropathy with moderate-to-severe canal stenosis, lateral mass stenosis, and bilateral neural foraminal stenosis. On exam, there is limitation of neck movement in all the directions. Pain to pressure, increased tone. Give away weakness due to pain. He has decreased strength on his left hand. He has decreased sensation to pin prick on both hands: DTR 1+ BJ bilateral; and 1+ TJ bilateral. He has abnormal gait. He can't walk in heels or tip toes. Give away weakness due to pain. Lasegue is positive on bilateral .sciatic notch positive bilateral more left than right. He has pain to pressure paravertebral muscle. He has increased tone, limitation of movement in lateralization and extension. DTR; 2+ KJ Bilateral, 1+ AJ Bilateral. Diagnosis: Cervical and Lumbar Sprain/Strain, cervical and lumbosacral radiculopathy. Recommendation: Ordered a new MRI of the cervical spine and lumbosacral spine with and without contrast.

1-21-10 MRI of the cervical spine shows at C4-C5 and C6-C7 central right paracentral disc herniation extrusion-producing deformity of the nerve root sleeve in the lateral recess on the right. At C5-C6, broad-based disc herniation protrusion producing a slight deformity of both nerve root sleeves in the lateral recesses.

1-28-10 MD., the claimant is seen for follow up. The claimant reports pain in his neck and on his back. The pain on his neck is on the muscle from his back and at times it is very severe. The pain radiates to his hands with feeling of numbness, weak hand grip and tingling in fingers. He feels his hands to go numb. The pain in his low back is described as sharp and it is felt more on the left side. The back pain radiates to his right leg, causing numbness and weakness. On exam, the claimant has difficulty walking and sometimes the left knee buckles. He cannot walk tip toes. There is weakness at the left leg and dorsum of foot. There is increased sensation with hyperesthesia lateral aspect. There is decreased sensation inside the leg. DTR are 2+ at knee and 1+ at ankles bilaterally. Diagnosis: Left lumbosacral radiculopathy L4 and L5 nerve. Epidural defect with severe stenosis at L3-L4 and L5-S1. The evaluator recommended lumbar laminectomy.

Undated surgical procedure performed by, MD: bilateral laminectomy L4 and L5, partial bilateral laminectomy L3 and S1, nerve root decompression, microscope, infiltration and injection of Depo Medrol 40 and Marcaine plain.

6-17-10 Physical Performance Evaluation shows the claimant is functioning at a Light PDL. The evaluator recommended a work hardening program.

Work conditioning notes on 7-13-10.

Follow up visit with unknown provider on 3-29-10, 6-10-10 and 7-12-10. The claimant is to return in two weeks.

8-2-10, MD., the claimant reports 6/10 lumbar pain, 7/10 cervical pain. The claimant still reports left leg numbness. On exam, the claimant has decreased range of motion. He changed the claimant's Flexeril to soma. The claimant is to continue with his pain medications. He added Tramadol.

On 8-16-10 DO., performed a Utilization Review. The patient had bilateral laminectomy at L4-5, partial bilateral laminectomy at L3 and S1 with nerve root decompression done on 3-10-10. As per latest medical report dated 7-26-10, examination showed limited lumbar ROM, weak lumbar muscles, and normal sensory and reflexes. This request is for EMG/NCV of bilateral tower extremities. However, the medical reports did not include a more comprehensive physical assessment including neurologic findings to properly evaluate patient's clinical and functional status that warrants the proposed studies. As an invasive diagnostic option for a condition with a date of injury listed as x-x-xx, there should be objective documentation of the previous conservative care undertaken for the patient. It is unclear if the current condition is merely an exacerbation of a chronic pathology or a re-injury requiring renewed investigation. At this juncture, medical necessity has not been fully supported by the presented clinical data.

9-2-10 DC., performed a Utilization Review. He noted that there is no documentation that lower extremity radiculopathy has developed or worsened. There are normal deep tendon reflexes, and normal muscle strength. Sensation is not noted to be disturbed in a dermatomal fashion. It is not clear how the mechanism of injury x years ago relates to the lower extremities, but it is accepted for the purpose of this review.

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

IT IS DOCUMENTED THAT LUMBAR SPINE SURGERY WAS PERFORMED SINCE THE DATE OF INJURY IN THE FORM OF A BILATERAL L4 AND L5 LAMINECTOMY, A PARTIAL L3 AND L5 LAMINECTOMY, AS WELL AS A NERVE ROOT DECOMPRESSION. THE RECORDS AVAILABLE FOR REVIEW FOR DO NOT PROVIDE ANY DOCUMENTATION TO INDICATE THAT THERE HAS BEEN A RECENT CHANGE IN THE NEUROLOGICAL EXAMINATION. ADDITIONALLY, THE RECORDS AVAILABLE FOR REVIEW DO NOT PROVIDE ANY DOCUMENTATION TO INDICATE THE PRESENCE OF RADICULAR SYMPTOMS. OFFICIAL DISABILITY GUIDELINES DO INDICATE THAT AN ELECTRO DIAGNOSTIC ASSESSMENT CAN BE CONSIDERED IN AN EFFORT TO OBTAIN UNEQUIVOCAL EVIDENCE OF A RADICULOPATHY. HOWEVER, IN THIS SPECIFIC CASE, THE ABOVE NOTED REFERENCE WOULD NOT SUPPORT A MEDICAL NECESSITY FOR AN ELECTRO DIAGNOSTIC ASSESSMENT OF THE LOWER EXTREMITIES WHEN THERE ARE NO DOCUMENTED RADICULAR SYMPTOMS IN THE MEDICAL RECORDS AVAILABLE FOR REVIEW, AND WHEN THERE IS NO DOCUMENTATION TO INDICATE THAT THERE HAS BEEN A RECENT CHANGE IN THE NEUROLOGICAL EXAMINATION. AS A RESULT, IN THIS CASE, PER CRITERIA SET FORTH BY THE ABOVE NOTED REFERENCE, AN

ELECTRODIAGNOSTIC TESTING IS NOT REASONABLE OR MEDICALLY INDICATED.

ODG-TWC, last update 9-8-10 Occupational Disorders of the Low Back –

Electrodiagnostic testing: 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 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.)

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.

Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards:

- (1) EDX testing should be medically indicated.
- (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for "screening purposes" rather than diagnosis are not acceptable.
- (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis.
- (4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed.
- (5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted.

(6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. The reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression.

(7) In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. (AANEM, 2009)

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)