

Notice of Independent Review Decision

**DATE OF REVIEW: 10/20/10**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

A review has been requested in relationship to prospective pre-authorization review denial for electrodiagnostic testing in relationship to a work-related injury occurring May 21, 2010

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. He is certified in Pain Management. He is a member of the Texas Medical Board. He has a private practice of Physical Medicine & Rehabilitation, Electrodiagnostic Medicine & Pain Management in Texas. He has published in medical journals. He is a member of his state and national medical societies.

**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**

Records received: 15 page fax 10/4/2010 Texas Department of Insurance IRO request, 92 page fax 10/6/2010 URA Response to disputed services, 28 page fax 10/6/2010 from physician with office visit documentation, including administrative and medical records

Medical Records dated August 4, August 23, August 25, September 14, and September 13, 2010.

X-ray report lumbar MRI dated June 17, 2010 noting findings consistent with degenerative disc disease of the lumbar spine.

M.D., medication follow-up dates August 3, August 23, September 7, 2010.

The prospective services requested and denied on both initial and upon reconsideration are indicated for the following CPT codes and

\$ 95080  
\$ 95861  
\$ 95934  
\$ 95904  
\$ 95860  
\$ 99242  
\$ 95900  
\$ 95869

The pre-authorization company records note that the original review by M.D., Physical Medicine and Rehabilitations denied request September 14, 2010. The doctor was unable to make contact with the requestor to discuss clarifying the medical necessity per ODG Guidelines and it was indicated that there was insufficient clinical documentation to support a request that would meet ODG criteria.

Reconsideration denial was done by M.D., on September 24, 2010. Again, telephone contact was unable to be established with the provider. Also, the rationale based on the ODG is there was lack of documentation of any clinical evidence by objective measure of neurologic deficit that would meet ODG criteria to undergo these electrodiagnostic studies.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The information reviewed indicated that the mechanism occurred while the employee was changing the grader's filter, unit 338. His hands got full of dust and while coming out from filters he grabbed the handles to get off of the grader. His hands slipped off the handles and he fell on his back. He had reported pain symptoms involving the lower back, left shoulder, left ankle, and left hip

Diagnosis: Lower back sprain/strain; left shoulder sprain/strain; left ankle sprain/strain; left hip sprain/strain

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

Based on review of the submitted documentation as well as review of the original and reconsideration denials, I would concur with the pre-determination denial for the requested CPT codes for electrodiagnostic studies

Based on review of medical records from the treating doctor, most of which were very limited, unreadable, handwritten notes as well as the comments of the reviewing physicians, there is no objective clinical information that would support that the electrodiagnostic testing meets the ODG criteria for these types of studies

**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

# The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-443

---

ODG Section for the Lumbar Spine dealing with medical necessity for electrodiagnostic testing including needle EMG and nerve conduction studies

- 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)**