

## Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 13, 2010

**IRO CASE #:**

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

Bilateral lower extremity EMG/NCV.

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

This physician is Board Certified by American Board of Physical Medicine and Rehabilitation with 14 years of experience.

### **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**

On June 18, 2010, M.D. evaluated the claimant. Examination: Reflexes of the lower extremities, right and left, are normal: Knee 2/4, Ankle 2/4, Plantar Normal, and SLR - 90 degrees. No wasting or atrophy in the lower extremities and strength is 5+ bilaterally. Sensation of the lower extremities to pinprick and light touch is normal. Assessment: Back and leg pain. X-rays were taken of the Lumbar Spine: AP, lateral, flexion, and extension views of the lumbar spine show good position of the fusion mass and spinal elements.

On July 8, 2010, MRI of Lumbar was performed read by, M.D. Impression: Anterior fusion L5-S1. Mild broad-based posterior disc bulge, L4-5, effaces the thecal sac and produces mild central spinal canal stenosis, however the neural foramina are of adequate caliber. Multilevel mild facet arthrosis.

On July 16, 2010, , M.D. re-evaluated the claimant. SLR is -50 degrees. Sensation of the lower extremities to pinprick and light touch reveals numbness of the right left, L4 distribution and S1 distribution, as well as L5 distribution. Assessment: Back and leg pain. Treatment: Arranging for an EMG due to pain and numbness in his leg.

On July 29, 2010, , M.D. performed a unitization review on the claimant. Rationale: Based on the medical records submitted for review on the above referenced claimant, EMG/NCS of Lower Extremity is denied. Although claimant has sensory loss noted below, his physical exam does not correlate with MRI findings. Additionally, MRI indicated fusion is intact with no evidence of neurologic compromise.

On August 12, 2010, , M.D. performed a unitization review on the claimant. Rationale: x with Dr.'s office called with the intent to conference the Doctors together for a peer to peer. Spoke with who stated the provider was unavailable today and tomorrow and would have him return our call for the peer. Left a message with reason for call and call back information.

### **PATIENT CLINICAL HISTORY:**

The claimant has a history of previous back surgery by Dr. at L5-S1 per Dr.'s reports.

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

The previous decisions are upheld, there are no documented physical findings suggestive of radiculopathy on provocative testing

### **Electrodiagnostic testing (EMG/NCS)**

**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)