

SENT VIA EMAIL OR FAX ON  
Sep/08/2010

## True Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/08/2010

**IRO CASE #:**

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

Lumbar MRI Lumbar Spine and EMG/NCV Bilateral Lower Extremities

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

Board Certified Orthopedic Surgeon

**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

MRI lumbar spine 02/16/00

EMG/NCS report 03/17/00

Dr. office note 08/22/00

Procedure reports 01/11/01, 03/09/01

Dr. office note 01/11/01, 02/14/01, 03/09/01, 04/11/01,

Office notes 04/02/03, 07/11/03, 08/25/03, 09/25/03

X-ray lumbar spine 08/07/08

Operative report 02/11/09

MRI lumbar spine 05/11/09

MRI thoracic spine 05/11/09

Office note 06/29/09

Dr. letter 11/02/09, 07/06/10

MMI and impairment evaluation 06/07/10

Office note Dr. 06/25/10, 07/23/10

Peer review 06/28/10, 07/19/10

Medicaid referral questionnaire

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with a reported low back lifting injury on xx/xx/xx. MRI of the lumbar spine on 02/16/00 showed a minimal disc bulge at L3-4 without central stenosis or neural foramina encroachment. There was a probable small annular tear of the L5-S1 disc without central stenosis, focal herniation, or neural foramina encroachment. EMG/NCS of the lower extremities on 03/17/00 were indicative of mild L5 radiculopathy on the right. The claimant was given lumbar epidural steroid injections in 2001. Records indicate that the claimant treated with Dr. in 2003 for diagnoses of lumbar degenerative disc disease, degenerative joint

disease, intractable pain, and bilateral lower extremity radiculopathy.

There was a 08/07/08 X-ray of the lumbar spine that showed moderate facet hypertrophy of the mid/lower lumbar spine and mild degenerative remodeling change of both sacroiliac joints. Records indicate that on 02/11/09 the claimant underwent right femoral endarterectomy with patch angioplasty and an angioplasty and stenting of the left common and external iliac arteries. A 05/11/09 MRI of the lumbar spine showed mild central canal stenosis at L3-4, which was secondary to circumferential disc protrusion and facet hypertrophic changes. Bilateral neural foramina were patent. There was very marginal worsening of the left paracentral disc protrusion. There was mild circumferential disc bulge at L4-5 and L5-S1 levels without significant central canal or neuroforaminal compromise. No significant change was noted at L4-5 and L5-S1 levels. MRI of the thoracic spine showed moderate sized central disc extrusion at T11-12 level. It indented upon and mildly flattened and deformed the thoracic cord. Similar findings were seen on the prior study on 6/14/07 without any significant change in the interval.

A 06/29/09 physical med and rehab note indicated that the claimant had completed physical therapy with no relief and with exacerbation of his low back and left leg pain. The claimant was scheduled to begin aquatic therapy. The claimant was scheduled for an epidural steroid injection with Dr.. This record commented on an EMG/NCS that was done on 04/24/09, which showed findings of severe sensorimotor peripheral neuropathy, primarily axonal type. Per the exam of 06/29/09 the claimant had right lower extremity motor strength of 3 plus dorsiflexion and EHL and left lower extremity dorsiflexion strength of 2 plus and 1 plus EHL strength. Sensation was intact except for the L5-S1 distribution bilaterally; reflexes were 2 plus patellar and 0 for bilateral Achilles tendons. Lumbar range of motion was decreased. The claimant was unable to perform heel, tiptoe, or tandem walking. There was antalgic gait on the right and tenderness over the facet joint area at L4-L5-S1 and mid thoracic and lower thoracic regions. The impression was chronic mechanical midback and low back pain econdary to facet joint arthropathy and degenerative joint disease and moderate to severe sensorimotor peripheral neuropathy.

An MMI and impairment rating eval was done on 06/07/10 that documented exam findings of decreased lumbar range of motion and hypoesthesia on the left side from the distal area to the knee and on the right side from the distal area to mid shin. Reflexes were two plus. Hip flexion, ankle dorsiflexion and ankle eversion strength was 4/5 bilaterally. The diagnosis was lumbar intervertebral disc disorder without myelopathy and lumbar sprain/strain. Apparently the claimant resumed treating with Dr. and was seen on 06/25/10. Exam findings included limited lumbar range of motion and muscle spasm, positive bilateral straight leg raise, and positive paravertebral muscle spasm and decreased reflexes bilaterally. Dr. ordered a new MRI and an EMG/NCS of the bilateral lower extremities. The claimant was referred for neurosurgical evaluation. The MRI and electrodiagnostic studies were denied on peer review.

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

The requested MRI and EMG nerve conduction studies cannot be justified based on the information provided.

The patient underwent a previous MRI on May 11, 2009. The patient underwent a previous EMG and nerve conduction study on April 24, 2009. There is no indication that the patient sustained an interval injury and the patient does not have a progressive neurologic deficit. In fact, the patient's strength may be improved from the time of the previous electrodiagnostic testing. The patient has a confounding diagnosis of a sensory motor peripheral neuropathy, which may account for the patient's complaints as the patient did not have significant neurocompressive pathology by the prior MRI. It is not clear that the physician who recently ordered new studies is aware of the results of the prior studies. Furthermore, the claimant was referred for another evaluation by a neurosurgeon. The requested diagnostic studies have apparently been suggested in preparation for that visit.

Given the prior studies and their findings and the lack of an additional injury or progressive neurologic deficit, the new studies cannot be recommended based on the information reviewed.

**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)