



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 08/31/10

**IRO CASE #:**

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

ODG Bilateral EMG/NCS LE

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

ODG criteria have not been met for the requested diagnostic study.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI referral
2. URA findings, 8/3 to 8/12/2010
3. Medical Center, MRI (with and without contrast) Lumbar spine, 7/21/10
4. DO, office notes, 7/27/10
5. MD, Office notes, 6/1/10 to 7/28/10
6. FNP, office notes, 10/14/09 to 4/27/10
7. PA-C, office notes, 7/7/10

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual sustained a bending injury on xx/xx/xx. After failure of conservative care, multiple surgeries were performed including an L5/S1 fusion which was performed

in 1998. Physical therapy, multiple steroid injections, and medications have been utilized. There has been worsening back pain that radiates to both calves over the last several months. Dr. noted atrophy in the left calf and 4/5 strength in the left plantar flexion musculature. Dr. noted intact strength and sensation in the lower extremities. Nurse practitioner described decreased sensation in the right lateral calf. On 07/07/09 nurse practitioner for Dr. noted 4/5 dorsiflexion. The site was not specified.

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

ODG Guidelines require physical examination evidence of radiculopathy to warrant EMG/nerve conduction studies to confirm radiculopathy and establish the level involved. There is no consistent physical examination evidence of radiculopathy. Therefore, per ODG it is not reasonable or necessary to perform the EMG/nerve conduction studies.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)