

SENT VIA EMAIL OR FAX ON
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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Electromyography / Nerve Conduction Velocity (EMG/NCV) of the bilateral lower extremities

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

Board Certified Anesthesiologist/Pain Management

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**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male whose date of injury is XX/XX/XX. The injured employee reportedly injured his low back while pulling and twisting on a wrench to tighten valves and developed back pain. MRI of lumbar spine was noted to indicate disc desiccation with laminotomy change right-sided L5-S1 with no significant disc herniation or nerve root compromise noted. At L2-3 and L3-4 there is mild early disc desiccation with mild central disc bulges. The injured employee underwent designated doctor evaluation by Dr. on 07/19/07 at which time the injured employee was determined to have reached maximum medical improvement with 5% impairment rating. Subsequent MRI performed on 10/25/10 revealed disc desiccation changes L5-S1, with no signs of intervertebral disc herniation, intracranial mass or spinal stenosis. Small vertebral hemangiomas L1 and L3 levels were noted. The injured employee was seen for initial evaluation by a D.C. with complaints of low back pain radiating into right leg and foot. Physical examination at that time reported cranial nerves II-XII grossly intact and within normal limits. Motor testing of right lower extremity was +4/5. Motor testing of right lower extremity (SIC) was +5/5. Deep tendon reflexes of left lower extremity was +2/5. Deep tendon reflexes of right lower extremity was +2/5. Toe and heel walking was performed with difficulty. Active range of motion of the lumbar spine was restricted and caused pain in all directions. There was positive Kemp's test on right. There is positive Valsalva maneuver. Ely's heel to buttock test, Yeoman's test and Nachlas tests were positive on the right. Bechterew's sitting test was positive bilaterally. There was tenderness to palpation on right from L3-S1. Vertebral muscle spasms were noted on the right at L3-S1. Swelling was noted from L3-S1 on right. The injured employee underwent chiropractic treatment with Dr. The injured employee was seen by Dr. on 01/26/11 with complaints of pain in lumbar region. Neurologic examination of lower extremities reported knee jerk and ankle jerk +2 on right and left. Sensory exam anterior leg, dorsal foot and plantar 50% on right and 50% on left. Motor exam reported 3/5 on right and 4/5 on left in hip knees and ankles. Straight leg raise was 30 degrees right, 40 degrees left. There is facet joint tenderness at L2 through S1 on the right side. There was SI joint tenderness on both sides. Patient was recommended to undergo transforaminal epidural steroid injection at L5-S1.

A utilization request for transforaminal epidural steroid injection at L5-S1 was reviewed on 02/21/11 by Dr. who determined the request to be non-certified. Dr. noted the patient presented with complaints of pain in the lumbar region with pain intensity described as 8/10, burning and aching. Physical examination showed facet joint tenderness, straight leg raise on both extremities and decreased sensation. Patient was diagnosed with lumbar strain. MRI of the lumbar spine revealed disc desiccation changes at L5-S1 and small vertebral hemangiomas at L1 and L3 levels. It was noted that EMG study was not done to support radiculopathy. Moreover Dr. noted the lumbar MRI did not explicitly demonstrate frank nerve root involvement or impingement. There also was no documentation provided with regard to the patient's failure to respond to conservative measures such as evidence based exercise program and medications prior to proposed injections.

A utilization review by Dr. on 03/04/11 determined that request for electromyography/nerve conduction velocity of the bilateral lower extremities was non-certified. Dr. noted the patient

was injured on xx/xx/xx. The patient was last seen on 01/26/11 and complained of low back pain. Pain was 7/10 on VAS scores and characterized as burning, stabbing and associated with cold feet. Physical examination showed tenderness over the cervical, thoracic and lumbar spine. Straight leg raise was positive bilaterally. MRI performed 10/25/10 showed disc desiccation at the L5-S1 level and no signs of intervertebral disc herniation. It was noted that the patient's physical examination findings were limited in regards to symptoms consistent with lumbar radiculopathy. Dr. noted there were no clear neurologic findings that would require supportive EMG/NCV studies. As such certification was not supported.

A utilization review by Dr. on 03/28/11 determined that the appeal request for electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities was non-certified. Dr. discussed the case with an associate of the requesting provider and noted that it did not appear that there had been any conservative treatment attempts prior to the request for lumbar epidural. MRI findings also were reviewed and it was agreed there does not appear to be orthopedic, diagnostic or neurological evidence to indicate the need for electrodiagnostic study to the bilateral lower extremities. Dr. noted it is not clear how this study would be helpful in guiding treatment recommendations. Dr. noted it did not appear that the patient had completed any conservative treatment to date. Additionally the lumbar MRI 10/25/10 noted degenerative changes at L5-S1 without any disc herniation or stenosis, and it was not clear why epidural was being recommended. Dr. recommended non-certification of the request for EMG/NCV bilateral lower extremities.

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

The request for electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities is supported as medically necessary. The patient is noted to have sustained an injury to the low back in XX/XXXX. Patient underwent designated doctor evaluation on 07/19/07 and was determined to have reached maximum medical improvement at that time with 5% impairment rating. There was no documentation of treatment until the patient was seen 12/10/10 by

.. MRI of the lumbar spine performed 10/25/10 demonstrated disc desiccation at L5-S1 with no evidence of intervertebral disc herniation or spinal stenosis. There were small vertebral hemangiomas noted at L1 and L3. Posterior vertebral elements were unremarkable. Examination on 01/26/11 reported there is tenderness in cervical, thoracic and lumbar region. Deep tendon reflexes on biceps, triceps, and brachioradialis were +1 bilaterally. Upper arm and forearm sensory were 80% intact bilaterally. Anterior leg, dorsal foot, and plantar sensation was 50% bilaterally. There was 4/5 motor strength in right biceps, triceps, and wrist flexion / extension, 3/5 on left. Straight leg raise was 30 degrees on right and 40 degrees on left. There was facet joint tenderness on the right L2-S1. SI joint tenderness bilaterally was also noted. These diffuse findings were not specifically identified in dermatomal or myotomal distribution. There was limited documentation concerning conservative treatment completed to date. A subsequent lumbar MRI was performed on 04/07/11 and reported right sided disc herniations at L2-3, L4-5 and L5-S1 most prominently at L4-5 with about 4 mm of encroachment of the neural foramen. There are small bilateral posterolateral disc herniations noted at L3-4. The records indicate the claimant has evidence of progressive motor strength loss and recent imaging indicates multi-level pathology with neural impingement. The additional information meets ODG criteria and medical necessity.

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)