

AccuReview
An Independent Review Organization
(817) 635-1824 (phone)
(817) 635-1825 (fax)
Notice of Independent Review Decision

DATE OF REVIEW: APRIL 10, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Electromyography/Nerve Conduction Velocity (EMG/NCV) of bilateral lower extremities between 2/18/11 and 4/19/11.

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

This physician is Board Certified Physical Medicine and Rehabilitation with 15 years 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 August 6, 2008 the claimant was seen for an initial visit by M.D. The description of the injury states the injury is lumbar (back) injury. The report states that this prevented the claimant from returning to work as of 8/6/08 and continued through "pending". Restrictions include lumbar bract, orthopedic and neurosurgeon consult. The diagnosis given is lumbar disc herniation, lumbar radiculitis.
- On August 6, 2008 a CT of the Lumbar Spine was performed at PARS OPEN MRI and Diagnostic Center by MD, DABR. The impression was: 1. Bulging disc with a 3mm broad based central disc herniation at L4-5 which abuts both L5 roots; 2. Mild bulging disc at L5-S1; 3. Lumbar spondylosis predominating at L5-S1; 4. Findings suggest muscle spasm/strain.
- On August 6, 2008 a Lumbar Brace #1 was prescribed by MD
- On August 20, 2008 claimant was seen by MD, diagnosis lumbar disc herniation, lumbar radiculitis, the recommendation was to schedule a myelogram L/spine with post CT/Lumbar.
- On August 21, 2008 a laboratory report was complete by Laboratories, Inc. The test was Prothrombin Time and INR the prothrombin time was out of range at 16.6 expected range 9.4 – 13.8

- On September 29, 2008 the claimant was seen by MD for a work status examination which indicates the injury prevents the claimant from returning to work 9/29/2008 through 10/24/2008.
- On September 29, 2008 a history and physical examination of the lumbar spine was completed by MD. The examination states mild limitation of flexion and lateral bending, tenderness lumbar mild bilaterally. The impression states the claimant had some intermittent symptoms in his legs including numbness and paresthesias intermittently in both legs alternating. Dr. recommended physical therapy.
- On October 2, 2008 claimant was seen for a follow up visit by MD. The diagnosis was lumbar disc herniation, lumbar radiculitis. The restrictions were to continue the same treatment, wear lumbar brace, physical therapy, 3 x a week for 4 weeks, pending approval for myelogram.
- October 6, 2008 initial Physical Therapy note and November 12, 2008 discharge physical therapy note. Discharge assessment states claimant continues to have occasional falls, palpation states tight and tender B L-5, glutes, piriformis and HS pain indicated on 0-10 scale is 0-5-8, description is pinching and shooting, frequency is almost always, worse with increased activity, better with heat, sensation is less frequent lower extremity symptoms bilateral foot numbness.
- On October 14, 2008 claimant in for office visit by PTA for mechanical massage and moist HP x 15" applied to lumbar region.
- On October 20, 2008 claimant in for follow up appointment with MD for examination to determine work status, Dr. states injury to prevent claimant from returning to work e10/20/2008 through 11/20/2008.
- On October 20, 2008 Dr. states in his office visit note impression that claimant has a disc problem in his lower back, no surgical treatment for his condition and recommends continued physical therapy. Also states that the claimant had decided that he wanted to try the epidural steroid injection.
- On October 22, 2008 claimant was seen at by PTA she states in her notes that moist HP x 15" to lumbar region with mechanical massage to decrease pain and muscle spasms, provided intersegmental spinal traction, ultrasound to L-S region.
- On October 29, 2008 claimant was seen at by PTA the note states claimant tolerated treatment well and is progressing with increased endurance.
- On October 31, 2008 claimant was seen at by PTA the note states the claimant progressed to back extension exercise to 80#s x 2', hip machine to 40# x 15 reps each and hip abduction to blue theraband. She also states that the claimant tolerated treatment well with no complaints of increased pain.
- On November 3, 2008 the claimant was seen at by PTA stated in the subjective portion of the note that the claimant stated that he had fallen in his bathroom because his foot went numb. The assessment states that the claimant was unable to perform all exercises secondary to increased pain and that the claimant ambulated with slow and guarded movement with decreased arm swing.
- On November 5, 2008 the claimant was seen at by PTA. The note states that the claimant was unable to tolerate strengthening exercises secondary to increased pain secondary to fall the other day, claimant noted decreased pain post treatment.

- On November 11, 2008 the claimant was seen at by PTA assessment states that claimant had increased pain with lumbar extension.
- On November 12, 2008 the claimant was seen at by PTA for a re- evaluation: flexion on the left 52/70, extension left side 12/30, side bending right 13/30 left 16/30. MMT HIP FLEX Right and left 4/5 for hip flex, knee ext, knee flex, ankle DF, ankle PF illegible. LE flexibility hamstrings right 30 left 32, IT band right side decreased, left side decrease, piriformis right and left side decreased. Assessment states claimant made minimal progress.
- On November 25, 2008 office visit note by MD. The note states that a request for case management services was received from PT. The request was for additional physical therapy. This was recommended at 2 x per week for four weeks.
- On December 2, 2008 a new patient initial consultation was performed by MD, PA. Examination Reflexes bilateral patellar (L4) 2+5. Bilateral Achilles (S1) 1+5, coordination states the claimant's gait is antalgic, Special neuro exam states straight leg raise testing while seated was positive bilaterally for radiating leg pain, lumbar spine exam states usual pain is aggravated with flexion and extension. Impression/diagnosis states disc disruption without myelopathy, central L4-5, radiculopathy secondary to lumbar disc displacement bilateral L4 and bilateral L5 levels. The recommendation was lumbar selective nerve root block/transforaminal epidural steroid injection; bilateral L5 and S1, epidurogram interpretation or fluoroscopy.
- On December 15, 2008 claimant was seen by MD to for follow up appointment. Follow up note illegible.
- On January 19, 2009 claimant was seen by MD note states claimant reports pain 7/10 intermittent radiating both legs. Refill of medications.
- On January 19, 2009 encounter summary by DO discussion of claimants medical management with nurse case manager.
- On January 26, 2009 an office visit note by Dr. states they would proceed with Impairment Rating.
- On January 30 2009 an operative report was received by DO, MPH pre and post operative diagnosis Lumbar Radiculopathy at L5 and right L5 spinal nerve roots, intervertebral disc displacement, lumbar region. After procedure claimant stated that near complete resolution of the radicular pain.
- On February 16, 2009 office visit with DO. Examination states that the lumbosacral spine exhibited tenderness on palpation along midline, lumbosacral spine exhibited muscle spasms, lumbosacral spine flexion was abnormal, lumbosacral spine pain was elicited by flexion, straight leg raising test of the right and left legs was positive with pain, Waddell's test was negative. The neurological exam states decreased response to tactile stimulation on the knee and medial leg (L4) on the right and left. Tactile stimulation showed a decreased sensory response on the right and left lateral legs and dorsum of the feet (L5). The assessment states lumbago and lumbar neuritis
- On February 18, 2009 claimant was seen for a follow up visit by MD. The note states that the medical condition prevent the claimant from returning to work as of 2/18/2009 through "pending" and the note states to continue the same restrictions, note by Dr. states the claimant was having headaches and acute pain.

- On February 23, 2009 a note was received from MD, PA for an EMG/NCV. Report states claimant demonstrates four of the five possible Waddell's signs: 1. There is nonorganic tenderness demonstrated by the presence of pain elicited by pinching the skin of the back to produce excessive discomfort; 2. There is nonorganic and non anatomic sensory alteration; 3. There is positive distraction straight leg raising test; 4. There is evidence of abnormal testing either by pelvic rotation or axial loading pressure on the head that produces severe low back pain. Two or more positive Waddell's signs are considered consistent with symptom magnification. The nerve conduction studies were normal.
- On March 4, 2009 claimant was seen for a follow up visit with MD for work status examination; release from work allowed from 3/4/09 to pending. The note by Dr. for the visit states claimant's pain rated at 4 on 0-10 scale, pain is present in L5-S1, have moved up to lower T-spine in an atypical way causing pain to radiate to both legs with muscle spasm of gastrocnemius –soleris muscles. Referral was made to Dr.
- On March 5, 2009 claimant was seen for follow up visit with DO Examination states that the lumbosacral spine exhibited tenderness on palpation along midline, lumbosacral spine exhibited muscle spasms, lumbosacral spine flexion was abnormal, lumbosacral spine pain was elicited by flexion, straight leg raising test of the right and left legs was positive with pain, Waddell's test was negative. The neurological exam states decreased response to tactile stimulation on the knee and medial leg (L4) on the right and left. Tactile stimulation showed a decreased sensory response on the right and left lateral legs and dorsum of the feet (L5). The assessment states lumbago and lumbar neuritis.
- On March 10, 2009 claimant was seen at Physical Performance Testing. The report states the claimant was capable of assuming a position in the sedentary strength category. The review states that claimant was unable to perform an endurance test at this time because his back was in to much pain, spine lumbar/lumbosacral ROM was abnormal.
- On March 10, 2009 claimant was seen by MD for a designated doctor evaluation report states that claimant had not reached maximum medical improvement. Referral to spine surgeon as soon as possible for negative changes since undergoing the lumbar epidural steroid injection.
- On March 10, 2009 claimant was admitted to Medical Center secondary to headache, sensation of chills, diffuse myalgia and malaise and was seen by MD. Assessment states headaches and shortness of breath, diffuse myaligias, malaise, chills, cold and heat intolerance, and etiology is unclear. Lab results show PT and PTT are both elevated with an INR of 1.6.
- On April 1, 2009 claimant was seen by MD note states claimant continues to have pain 5 on 0-10 scale. Report states injury prevents the claimant form returning to work 4-1-09 through pending.
- On April 9, 2009 was seen by MD the note states straight leg raise test is positive bilaterally for hamstring tightness. The noncontrast CT scan shows degenerative changes in the discs at L4-5 and L5-S1, at L4-5 there is a broad based, approx. 3mm, central bulge posteriorly which does not appear to be impinging the L5 roots. At the L5-S1 level, he has decrease in the interspace height with some irregularity of the bony vertebral endplates and an associated partially calcified broad-based central disc bulge.

- On May 7, 2009 Foundation surgical hospital lab summery shows abnormal lab MPV at 7.0 range 7.5-11.5
- On May 7, 2009 Clinic note by MD states CT scan of brain essentially a normal study except to demonstrate some mild gyral atrophy over several hemispheres.
- On May 7, 2009 script written by MD for PT, PTT and INR
- On May 12, 2009 follow up appt with MD states injury prevents claimant from returning to work May 12, 2009 through pending. Pain is rated 6 on 0-10 scale states CT scan negative, EMG negative.
- On June 9, 2009 lumbar myelogram completed by MD at Hospital, the findings state the right L4 root sleeves effaced and underfilled, all of the nerve root sleeves fill relatively normally, L3-L4 2mm symmetric broad based posterior protrusion abuts the sac, there is mild bilateral facet of the L4 nerve root sleeves are underfilled bilaterally. There is 2mm retrolithesis L4 upon L5, mild bilateral facet arthrosis is present, 2 mm symmetric broad based posterior protrusion abuts the sac.
- On June 9, 2009 notes are received regarding procedure from the Department of Radiology Invasive Procedures and nursing observations.
- On June 15, 2009 claimant was seen for follow up visit with MD status report states injury prevents claimant from returning to work 6/15/09 to pending.
- On July 15, 2009 claimant was seen for a physical therapy evaluation/aquatic therapy.
- On July 16, 2009 claimant was seen to determine his current psychological functioning and recommendations for intervention/program, diagnosis major depression, single episode severe, Pain Disorder with psychological and medical factors. Recommendation was for a comprehensive pain management program.
- On July 30, 2009 claimant was seen by MD status report states injury prevents claimant from returning to work 7/30/09 through pending. Dr. note states claimant not able to move his right leg on an intermittent basis with cramping and soreness of right thigh, he could not lift or move his right leg however today he can raise his leg and thigh however triggering pain to L5-S1 area.
- On August 4, 2009 a Functional Capacity Evaluation was done at Physical Therapy by PTPhD. The report states that the ROM is decreased in UEs and LEs, strength is decreased in UEs and Les, Functional aerobic capacity is unable to determine due to claimants inability to complete treadmill test due to pain, LE weakness, and fatigue, material handling was unable to test. Waddell's Test was negative. Lumbar flexion and extension was 3/5.
- On August 27, 2009 claimant was seen by MD for a follow up appointment Worker's Compensation Status report. The report states that the injury still prevents the claimant from returning to work 8/27/09 through pending. Note states that the claimant continues to have pain rated 6 on 0-10 scale.
- On August 31, September 1, September 2, 2009 the claimant was seen at for a Pain Management Program by PTPhD.
- On September 3, 2009 claimant was seen at Evaluations by MD for MMI determination and Impairment. The musculoskeletal exam states claimant's straight leg raising was minimally positive on the right at 90 degrees and negative on the left to 90 degrees in the sitting position. It was positive at 60 degrees in both the right and left leg in the supine position. The lumbar spine revealed slight tenderness to

palpation in the low back. There was no paraspinous spasm noted but simply tenderness in the paraspinous muscles of the lower lumbar spine. Dr. stated he feels the claimant has reached MMI, effective 9/3/09 and his impairment is 5% whole person, he is a DRE category II for the lumbar spine. The diagnoses stated are: 1. Pre-existing degenerative spondylolisthesis at L4-L5; 2. Healing discogenic injury, L4-L5.

- On September 4, 8, 2009 the claimant was seen at for a Pain Management Program and notes were received reflecting participation in the visit.
- On September 9, 2009 a Report of Medical Evaluation was completed by MD to the stating that the claimant was being given a 5% Whole Person Impairment.
- On September 10, 14, 15, 16, 17, 21 2009 the claimant was seen at for a Pain Management Program by and notes were received reflecting participation in the visit.
- On September 24, 2009 claimant was seen for a follow up appointment with MD. The report states that the injury prevents returning to work 9/24/09 through pending. Note states the claimant was doing much better, pain gone 1/10; with good ROM and no muscle spasm
- On September 24, 25, 28, 29, 30, October 1, 2, 5, 6, 2009 the claimant was seen at for a Pain Management Program by and notes were received reflecting participation in the visit.
- On October 6, 2009 claimant was seen for a follow up appointment with MD. The report states that claimant will be allowed to return to work as of 10/6/09 without restrictions. Note states the claimant is able to move freely full ROM no pain on any area of the L5-spine, chronic pain resolved, d/c today, back to work full duty.
- On October 7, 2009 A Supplemental Report of Injury was completed.
- On October 7, 8, 9, 2009 the claimant was seen at for a Pain Management Program by and notes were received reflecting participation in the visit.
- On October 12, 2009 a Functional Capacity Evaluation for RTW was completed at Physical Therapy. The report states that ROM is decreased minimally in trunk, strength is decreased minimally in hips and trunk, Waddell's Test was negative. The recommendation states that eh claimant has made very significant progress in the pain management program and will be able to safely return to work.
- On November 30, 2009 the claimant was seen at for a follow up visit to the Pain Management Program for individual therapy and notes were received reflecting participation in the visit.
- On December 14, 2009 the claimant was seen at Pain Management Program for individual therapy and notes were received reflecting participation in the visit.
- On January 12, 2010 the claimant was seen at Pain Management Program for individual therapy for his last individual therapy and termination session notes were received reflecting participation in the visit.
- On February 8 2010 the claimant was seen at the Center by MD for increased pain with bending, sitting down, standing although he states his pain is much less when lying down. Becherew's is positive bilaterally. Supine straight leg raise is positive on the left at 45 degrees, positive on the right at 55 degrees, Kemp's testing is positive for bilateral lumbosacral pain. Patrick's testing is positive for localized lumbosacral pain. Impression is: 1. Lumbar disc derangement; 2. Lumbar radiculopathy.

- On March 3, 2010 the claimant was seen at the Center by MD for increased pain with bending, sitting down, standing although he states his pain is much less when lying down. Becherew's is positive bilaterally. Supine straight leg raise is positive on the left at 45 degrees, positive on the right at 55 degrees, Kemp's testing is positive for bilateral lumbosacral pain. Patrick's testing is positive for localized lumbosacral pain. +3/+5 patellar reflexes, bilaterally; Achilles reflex is diminished on the left; dermatomal sensory testing reveals hypoesthesia in the left L5, S1 dermatomal region. Moderate tenderness in the lumbosacral region, greater on the left with myospasm and guarding of the paraspinal musculature, bilateral. Strength testing reveals left calf weakness and left quadriceps weakness.
- March 29, 2010 consultation with Associates, MD for evaluation of low back pain with radiculopathy. The neurological exam states claimant able to heel and toe walk, however with some degree of difficulty secondary to pain; the claimant had no sensory deficits in the right lower extremity; claimant had a dysesthetic area coursing over the posterior aspect of the buttock into the lateral aspect of the calf extending to the dorsal aspect of the left foot to pinprick and temperature sensation. Back revealed significant paraspinal tenderness to palpation. Positive tension sign at 45 degrees was demonstrated on the left, negative on the right. The claimant also demonstrated a positive Kemp's test bilaterally. Assessment: 1. intervertebral disc derangement at L4-L5 and L5-S1.
- On March 29, 2010 the claimant had an x-ray, lumbar spin, seven views at MRI & Diagnostic, Inc. by states 1. Marked disc space narrowing, facet hypertrophy, imbrications, and retrilithesis at L5-S1 and L4-5; 2. Hypolordosis with marked restricted range of motion upon flexion and extension. No segmental instability; 3. No fracture or aggressive radiographic bone or joint abnormality. Impression 1. No acute radiographic abnormality; 2. No abnormal motion or translation with flexion and extension.
- On March 31, 2010 the claimant was seen for a follow up visit at the Center of by MD for a re-evaluation for increased pain with bending, sitting down, standing although he states his pain is much less when lying down. Supine straight leg raise is positive on the left at 45 degrees, positive on the right at 55 degrees, Kemp's testing is positive for bilateral lumbosacral pain. Patrick's testing is positive for localized lumbosacral pain. +3/+5 patellar reflexes, bilaterally; Achilles reflex is diminished on the left; dermatomal sensory testing reveals hypoesthesia in the left L5, S1 dermatomal region. Moderate tenderness in the lumbosacral region, greater on the left with myospasm and guarding of the paraspinal musculature, bilateral. Strength testing reveals left calf weakness and left quadriceps weakness. Impression is 1. Lumbar disc derangement; 2. Lumbar radiculopathy.
- On April 30, 2010 claimant attended a follow up evaluation with MD at Assoc. Dr. states that he did not want to make any therapeutic recommendations until an EMG/nerve conduction study is obtained.
- On March 31, 2010 the claimant was seen for a follow up visit at the Center by MD for a re-evaluation for increased pain with bending, sitting down, standing although he states his pain is much less when lying down. Supine straight leg raise is positive on the left at 45 degrees, positive on the right at 55 degrees, Kemp's testing is positive for bilateral lumbosacral pain. Patrick's testing is positive for localized lumbosacral pain. +3/+5 patellar reflexes, bilaterally; Achilles reflex is diminished on the left; dermatomal sensory testing reveals hypoesthesia in the left

L5, S1 dermatomal region. Moderate tenderness in the lumbosacral region, greater on the left with myospasm and guarding of the paraspinal musculature, bilateral. Strength testing reveals left calf weakness and left quadriceps weakness. Impression is 1. Lumbar disc derangement; 2. Lumbar radiculopathy.

- On May 6, 2010 claimant saw MD for Work Status Report visit. The report states that the injury prevents claimant from returning back to work from 5/10/2010 to 6/10/2010. The diagnosis given was Radiculitis.
- On May 7, 2010 request for EMG/nerve conduction study was reviewed by MD, MPH
- On May 10, 2010 claimant was seen at Orthopaedic Specialist by MD as a referral for back pain, bilateral lower extremity pain with bilateral lower extremity weakness. The physical examination shows small amount of calf atrophy on the left compared to the right, the distal thigh on the left is smaller than the right, range of motion is decreased in forward flexion and extension, both produce pain extension is more severe. Claimant had an equivocally positive Hoffmann's sign and a negative inverted radial reflex. Claimant had two beats of ankle clonus and Babinski sign was downgoing bilaterally. The impression states 1. Lumbar radiculopathy/radiculitis; 2. Lumbar spondylosis.
- On June 4, 2010 the claimant was seen for a follow up visit at the Center by MD for a re-evaluation for increased leg pain with numbness and tingling in the thigh, hip and groin regions. Supine straight leg raise is positive on the left at 45 degrees, positive on the right at 55 degrees, Kemp's testing is positive for bilateral lumbosacral pain. Patrick's testing is positive for localized lumbosacral pain. +3/+5 patellar reflexes, bilaterally; Achilles reflex is diminished on the left; dermatomal sensory testing reveals hypoesthesia in the left L4, L5, S1 dermatomal region. Impression is 1. Lumbar disc derangement; 2. Lumbar radiculopathy.
- On June 6, 2010 claimant was seen for a follow up visit for a Work Status Report by MD. The report states the injury prevents the claimant from returning to work from 6/14/10 through 7/14/10. The diagnosis is Radiculitis.
- On June 14, 2010 claimant was seen at Orthopaedic Specialist by MD the note states that the claimant brought in the older myelogram and is interested in surgery. Dr. states that he will see the claimant again after he completes a myelogram and with the EMG report.
- On June 24, 2010 claimant was seen for a follow up visit for a Work Status Report by MD. The report states the injury prevents the claimant from returning to work from 6/25/10 through 7/25/10. The diagnosis is Radiculitis.
- On June 25, 2010 claimant was seen at for a mental health evaluation by MA, LPC. The recommendation was that the claimant be given a full behavioral evaluation, including MMPI-2 to determine the course of treatment necessary.
- On June 25, 2010 a review by Solutions is documented by DO.
- On June 22, 2010 the claimant was seen for a follow up visit at the Center by MD for a re-evaluation for continued leg pain with numbness and tingling in the thigh, hip and groin regions. Bechterew's is positive bilaterally. Supine straight leg raise is positive on the left at 45 degrees, positive on the right at 55 degrees, Kemp's testing is positive for bilateral lumbosacral pain. Patrick's testing is positive for localized lumbosacral pain. +3/+5 patellar reflexes, bilaterally; Achilles reflex is +4/+5; dermatomal sensory testing reveals hypoesthesia in the left L4, L5, dermatomal region. Impression is 1. Lumbar disc derangement; 2. Lumbar

radiculopathy. Treatment plan states claimant's neurological symptoms do not correlate with previous negative EMG/NCV studies and definitely per ODG warrants a neurological consultation.

- On August 26, 2010 claimant had a referral appointment with MD, PA. The review of systems illegible. The report states that limbs exam very limited by pain. A/P 1. Lumbar spondylosis with radicular symptoms and signs of lumbar radiculopathy and possible cervical myelopathy; 2. H/AF ___on Coumadin.
- On August 26, 2010 the claimant was seen for a follow up appointment by MD. The note states the claimant has not gotten his EMG nerve conduction study but is going in for that today. Dr. states he will await that information before any further definitive treatment recommendation will be performed.
- On September 10, 2010 report by MD, MBA reviewed for medical necessity.
- On September 22, 2010 a presurgical consultation and behavioral assessment was performed at by MA, LPC. Beck inventory shows claimant score at 43, within the severe range of the assessment, also The screener and opioid assessment for patients in pain-revised tool was implemented and claimant scored 50 indicating a high risk for abuse of prescribed narcotic pain medications. The conclusion states that claimant is psychologically stable to undergo any surgical intervention, which is found necessary for the success of the patient's recovery.
- On September 29, 2010 the claimant was seen for a follow up visit at the Center by MD for a re-evaluation for continued leg pain with numbness and tingling in the thigh, hip and groin regions. Bechterew's is positive bilaterally. Supine straight leg raise is positive on the left at 45 degrees, positive on the right at 55 degrees, Kemp's testing is positive for bilateral lumbosacral pain. Patrick's testing is positive for localized lumbosacral pain. +3/+5 patellar reflexes, bilaterally; Achilles reflex is +4/+5; dermatomal sensory testing reveals hypoesthesia in the left L4, L5, dermatomal region. Impression is 1. Lumbar disc derangement; 2. Lumbar radiculopathy.
- On October 21, 2010 the claimant was seen for a follow up visit at the Center by MD for a re-evaluation for continued leg pain with numbness and tingling in the thigh, hip and groin regions. Bechterew's is positive bilaterally. Supine straight leg raise is positive on the left at 45 degrees, positive on the right at 55 degrees, Kemp's testing is positive for bilateral lumbosacral pain. Patrick's testing is positive for localized lumbosacral pain. +3/+5 patellar reflexes, bilaterally; Achilles reflex is +4/+5; dermatomal sensory testing reveals hypoesthesia in the left L4, L5, dermatomal region. Impression is 1. Lumbar disc derangement; 2. Lumbar radiculopathy. Treatment plan states pursue recommended EMG/NCV with Dr..
- On October 21, 2010 claimant is seen for a follow up for chronic pain secondary to chronic low back pain with radiculopathy by Dr. at Pain Consultant Assoc. The note states that there were scheduling issues with Dr. and that he talked to in (Dr.) office and she assured him that they would get claimant scheduled. Dr. states in the note that he will continue the claimant on medications and do a urine drug test for compliancy issues. He will see claimant for follow up after the test (EMG/NCV) is performed.
- On October 21, 2010 urine drug screen results complete at Laboratories. Specimen outcome: Positive. The results were consistent with the reported prescription.

- On November 11, 2010 claimant was seen at, Inc. for an x-ray left ribs. Conclusion by DO states no definitive rib fracture.
- On November 18, 2010 the claimant is seen for a follow up appointment with MD the note states that the claimant is having significant issues with ongoing back pain, difficulties obtaining EMG/NCS.
- On November 29, 2010 the claimant was seen for a follow up visit at the Center by MD for a re-evaluation for continued leg pain with numbness and tingling in the thigh, hip and groin regions. Bechterew's is positive bilaterally. Supine straight leg raise is positive on the left at 45 degrees, positive on the right at 55 degrees, Kemp's testing is positive for bilateral lumbosacral pain. Patrick's testing is positive for localized lumbosacral pain. +3/+5 patellar reflexes, bilaterally; Achilles reflex is +4/+5; dermatomal sensory testing reveals hypoesthesia in the left L4, L5, dermatomal region. Impression is 1. Lumbar disc derangement; 2. Lumbar radiculopathy.
- On December 16, 2010 the claimant is seen for a follow up appointment with MD the note states that the claimant has not had an EMG study and are trying to get that approved to be performed by Dr. Claimant's drug test was complaint and he will be maintained on his current analgesic regime.
- On January 13, 2011 the claimant is seen for a follow up appointment with MD the note states that they still haven't gotten the EMG/NCS approved study and will follow up Dr. for a neurology evaluation. Surgery was denied by carrier. The plan states that the claimant will be maintained on his current analgesic for the time being.
- On January 17, 2011 was seen by MD, PA for an initial appointment. Examination of lower back states reveals spasms of the muscles and tenderness to palpation across the lower back and sacroiliac joint. ROM limited in flexion and extensions. DTR;s are 1+ all over. Impressions were, chronic back pain, lumbar radiculopathy, hx of atrial fibrillations, depression, dyslipidemia. Dr. states occult pathologies need to be ruled out and it is necessary and justified for the patient obtain an EMG/NCV of the lower extremities to evaluate the severity of the compromise of the radicular pain and make sure there is no nerve root impingement or damage.
- On January 17, 2011 consult only by Dr. written note illegible.
- On February 4, 2011, M.D. performed an UR on the claimant. Rationale for denial: The clinical information did not provide objective documentation of the claimant's clinical and functional response from the previous injections that includes sustained pain relief, increased performance in the activities of daily living and reduction in medication use.
- On February 25, 2011, D.C. performed an UR on the claimant. Rationale for denial: As per report dated 1/17/11, the claimant presented with low back pain that affects his daily routine activities. The physical examination showed normal muscle strength, normal sensory examination, and decreased deep tendon reflexes.

PATIENT CLINICAL HISTORY [SUMMARY]:

Positive for high blood pressure, diabetes (insulin, oral, diet), hyperlipidemia cancer, prior back pain/injury, sciatica, atrial fibrillation and positive for a pacemaker and hemroidectomy.

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

Decision to deny EMG/NCS of the bilateral lower extremity is overturned per the ODG Pain Chapter which recommends EMG/NCS as “generally accepted, well established and widely used for localizing the source of neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as CTS and radiculopathy.”

In the case Dr. 1/17/11 neurological evaluation does not provide sufficient clinical information regard to sensory/motor symptoms or provocative testing such as SLR to assess for radicular signs. However Dr. clinical evaluations on 6/4/10, 6/22/10, 9/29/10, 10/21/10, and 11/29/10 despite being exactly the same, do noted hypoesthesia of the Left L4-5 thereby meeting ODG and clinical criteria for medical necessity for bilateral lower extremities EMG/NCS.

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 KNOWLEDGBASE
- 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)