

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145
IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 8/15/11

IRO CASE #:

Description of the Service or Services In Dispute
Repeat EMG/NCV LE

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

Physician Board Certified in Neurological Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---------------------|----------------------------------|
| X Upheld | (Agree) |
| Overtured | (Disagree) |
| Partially Overtured | (Agree in part/Disagree in part) |

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

1. **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

adverse determination reports 7/19/11, 7/25/11
Healthcare Group clinical notes 8/8/11 - 2/17/11.
ODG
Health provider was somewhat non responsive to requests for more records

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now male who was injured lifting in. The exact nature of that injury is not recorded. Low back pain and right wrist pain developed, and these have persisted. He has been followed by Dr. M.D. starting in early 2011 with the first note by Dr. being on 2/17/11. He indicates an MRI was done in his note of 3/9/11 showing a 4 mm postural lateral disc bulge without nerve compression. There is no dictated report by a radiologist available for that MRI evaluation. The patient has had previous EMGs which were not suggestive of any particular diagnostic problem, and on physical examination it has been indicated as of the latest of his last two visits to Dr that straight leg raising is negative and there is no reflex or motor change with the only essential change being numbness and tingling which is not described as to location. There has certainly been no change in the patient's status in the past several months to indicate that electromyography would be helpful.

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

I agree with the denial of the electromyographic evaluation with nerve conduction studies. There is no radiculopathy on examination or reported on the MRI that was performed. There has been no changes in the patient's physical examination symptoms since the previous EMGs and nerve conduction studies were done. The exact date for those studies is not available in the records. There is nothing in these somewhat incomplete records that would indicate any potential diagnostic and therefore therapeutic result by performing a repeat EMG and nerve conduction studies.

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)**