

SENT VIA EMAIL OR FAX ON  
Aug/10/2011

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Aug/10/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Bilateral LE EMG/NCV

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Board certified in orthopedic surgery

**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

1. Cover sheet and working documents
2. Bone and Joint Center patient information sheet dated 04/11/11
3. Medical history chart form dated 04/20/11
4. Progress notes Dr. 04/20/11-07/21/11
5. Radiographic reports lumbar spine, pelvis, and right shoulder dated 04/20/11
6. SI joint injection request sheet dated 06/23/11
7. Texas Worker's compensation work status reports
8. Utilization review for request EMG/NCV bilateral lower extremities dated 07/05/11
9. MRI right shoulder with gadolinium injection dated 07/15/11
10. X-ray fluoro gadolinium injection dated 07/15/11
11. Utilization review reconsideration / appeal of adverse determination EMG/NCV bilateral lower extremities dated 07/18/11
12. Manual muscle and range of motion testing dated 07/21/11

## **PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male who has a date of injury of xx/xx/xx. On the date of injury he is reported to have strained his low back and shoulder as result of trying to move a tote weighing approximately 250 lbs. Records indicate the claimant has previously undergone extensive diagnostic studies which include MRI of lumbar spine dated 06/16/09 which notes a subtle signal abnormality on the edge involving the S3 and S4 vertebra possibly representing fracture of sacrum. Lumbar spine is reported to be normal. The claimant is noted to have undergone EMG/NCV of lower extremities in 2010. These are reported to have been suggestive of left L5-S1 radiculopathy. Records indicate the claimant has undergone extensive conservative treatment to include chiropractic and physical therapy. The claimant is further noted to have undergone lumbar epidural steroid injection on 01/06/11 which only provided 20-30%. Additional interventional procedures were recommended. Records indicate the claimant is under the care of Dr. and has previously undergone SI joint injections. The claimant has largely been maintained on oral medications. The most recent clinic note dated 06/23/11 notes the claimant has previously been recommended to obtain new MRIs. It is noted the claimant has previously had injections into the shoulder, SI joint, and lumbar spine. On physical examination there is tenderness to percussion from L1-S1, negative straight leg raise bilaterally, reflexes are 2/4 and symmetric. He is able to heel / toe walk without difficulty. Motor strength is intact. Sensation is intact. There is positive Yeoman's, positive Gaenslen's, and positive Patrick Faber. He is noted to have positive findings involving the shoulders. He is recommended to obtain new MRI of lumbar spine and EMG/NCV studies of bilateral lower extremities.

On 07/05/11 the request for EMG/NCV of bilateral lower extremities was reviewed by Dr.. Dr. non-certifies the request noting that the medical records do not provide objective examination findings indicating the need for EMG/NCV of the bilateral lower extremities. She notes that in the absence of objective findings on physical examination electrodiagnostic studies would not be clinically indicated.

The appeal request was reviewed by Dr. on 07/18/11. Dr. notes that repeat electrodiagnostic studies would not be medically indicated and appropriate noting that the claimant has previously undergone EMG/NCV on 05/25/10 and had abnormal electrodiagnostic studies. He notes there's a lack of any demonstrative objective findings and there's no evidence of abnormal strength neurologically abnormal senses or abnormal reflexes and as such electrodiagnostic studies would not be clinically indicated.

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

The request for repeat bilateral EMG/NCV is not supported as medically necessary and the previous adverse determinations are upheld. The records indicate the claimant has complaints of low back pain with radiation into the lower extremities. He has previously undergone EMG/NCV study which identified an L5/S1 radiculopathy. The claimant has subsequently received treatment for this diagnosis which has included oral medications and interventional procedures. The claimant is also diagnosed with SI dysfunction and received SIJ injections. Most recent physical examination results are normal and show no evidence of chronic or recurrent radiculopathy. In the absence of physical examination findings which indicated an active radiculopathy the request is not medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**