

SENT VIA EMAIL OR FAX ON
Jul/25/2011

Pure Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat EMG/NCV Bilateral Lower Extremities, External Anal Sphincter

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

M.D., Board Certified 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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who is reported to have sustained injuries to his low back as result of work related activity on xx/xx/xx. He has a history of previous back surgery x 2 which consisted of decompression with instrumented fusion at L5-S1 with subsequent removal of hardware and performed segmental non rigid fixation at L4-5 with pedicle screws, a wiring longer cable and no interbody fusion or posterior fusion. It is reported the claimant failed conservative treatment since his accident of xx/xx/xx. He is reported to have undergone epidural steroid injections. Imaging studies were reported to reveal adjacent

segment disease with extruded H&P desiccation and stenosis at L3-4. He is opined to have failed lumbar spine syndrome with adjacent segment disease. He is reported to have instability at L3-4, pseudoarthrosis at L4-5. Dr. recommended additional surgical interventions. He was taken to surgery on 07/14/10. This appears to have been an L3-S1 decompression with L3-4 and L4-5 anterior instrumentation, segmental fixation, posterior instrumentation. The claimant was subsequently advanced to physical therapy on 09/07/10.

On 12/07/10 the claimant was seen in follow-up by Dr. He is reported to be ambulatory without assistive devices. He has some complaints of back stiffness and pain about the EBI transmitting unit and numbness and tingling in the L5-S1 distribution on the right. It is reported the EBI transmitter unit is no longer working. He is to be scheduled for removal.

On 01/25/11 the claimant was returned to surgery. He underwent removal of bone growth stimulator with revision surgery at L3-4, L4-5 and L5-S1. When seen postoperatively it was reported he still has some right lower extremity symptoms that go down the toes but cramping seemed to improve but has not resolved. His incision is closed and healing.

On 02/15/11 he was seen in follow-up by Dr.. He is reported to have more leg discomfort than back pain. He is recommended to undergo repeat EMG/NCV of bilateral lower extremities as well as functional capacity evaluation. Radiographs indicate consolidating fusion. His physical examination is remarkable for paresthesias in stocking glove distribution in right lower extremity.

On 04/04/11 the claimant was seen by, D.C. It is reported his back pain varies from day to day from 2/10 to 9/10 depending on circumstances. His pain interferes with most anything. He reported not feeling he has made much progress. He is concerned regarding what the future holds for him with regards to his ability to tolerate work, difficulty with sexual functions and concerns about self worth. His physical examination remains unchanged. He was referred for behavioral health evaluation and it is suggested he undergo repeat diagnostic studies to include EMG/NCV studies.

On 05/12/11 the claimant was seen by Dr.. He is reported to have sustained a jarring injury to his low back. It appears that following his injury he noted difficulty obtaining erections which has gotten progressively worse. He reported on rare occasions he can get erection and usually not last long enough to perform sex act. He is recommended to undergo additional diagnostic testing including serum testosterone, metabolic panel thyroid level, EMG/NCV with anal sphincter testing.

On 05/26/11 the request was reviewed by Dr.. Dr. notes the claimant is status post L5-S1 fusion on 07/10 with history of prior unrelated injury and fusion at L4-5 with revision surgery performed on 01/25/11 including removal of bone growth stimulator. It is noted the claimant has erectile dysfunction. Per Dr. D.C., the claimant is recommended to undergo repeat EMG/NCV to evaluate acute versus chronic radiculopathy. There is no rationale as to how this would alter the treatment plan. It is also noted the request as presented is noted as repeat EMG/NCV of external anal sphincter. It is noted that testing is described as not specific for erectile dysfunction which included EMG/NCV and VPT. As a result, he subsequently non-certified the request.

On 06/24/11 the request was evaluated by Dr.. Dr. upholds the previous denial and notes there is no rationale regarding how the data will affect the treatment plan.

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

The request for repeat EMG/NCV of bilateral lower extremities and external anal sphincter is not supported by the submitted clinical information. The claimant chronically has radiculopathy associated with previous surgeries. Any data obtained from study of bilateral lower extremities will not alter treatment plan. In addition to this, the request for EMG/NCV of external anal sphincter is not supported by data as provided. The record does not suggest the claimant has erectile dysfunction induced by surgery. He has no bowel or bladder

incontinence documented. Additionally, if there was concern that the claimant had neurologic compromise as result of surgical intervention, one of the many providers he has seen should have performed erectile examination and evaluated the claimant's sphincter tone. Based on the clinical information provided, the request is not supported as medically necessary, and the previous determinations are upheld.

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)