

SENT VIA EMAIL OR FAX ON
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral Lower Extremities EMG

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

Neurosurgery

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

Request for IRO dated 11/08/11

Utilization review determination dated 09/23/11

Utilization review determination dated 10/17/11

Clinical records Dr. 05/30/10-09/06/11

Handwritten progress notes

MRI lumbar spine dated 06/23/11

MRI lumbar spine dated 07/20/10

Radiographic report lumbar spine dated 11/12/10

Discharge summary dated 10/05/10

Operative report dated 10/04/10

Inpatient medical records

Lab studies

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was reported to have sustained work related injuries to his low

back on xx/xx/xx. He reported on the date of injury he was lifting a door to install it when he strained his back. He is reported to have been treated with physical therapy and oral medications. He subsequently came under the care of Dr.. He is diagnosed with intervertebral disc displacement at L4-5 with compression of right L5 nerve root, intervertebral disc displacement at L5-S1 with mass effect on left S1 nerve root and small disc bulge at L3-4. He subsequently was recommended to undergo surgical intervention which was performed on 10/04/10. On this date the claimant underwent lumbar laminectomy at L4-5 on right and L5-S1 on left. There were no intraoperative complications. When seen in follow-up his lumbar incision was noted to be healed. His paraspinal muscle spasms are gone. Knee and ankle jerks are 2+. There is no weakness in dorsiflexion or plantar flexion of foot and toe. Sensation is intact. He is reported to be healing well. He allows the claimant to return to work with restrictions. The claimant was seen in follow-up on 12/30/10. He is allowed to return to regular activity on 01/02/11. On 06/23/11 the claimant was referred for MRI of lumbar spine. This study notes facet arthrosis at L3-4 causing no significant canal or neural foraminal narrowing. At L4-5 there is disc desiccation with central annular tear and disc bulge measuring 4.3 mm causing mild to moderate bilateral neural foraminal narrowing without canal stenosis. At L5-S1 there is diffuse annular bulge measuring 3 mm causing no significant canal stenosis or neural foraminal narrowing. The left lateral disc bulge approximates exiting left L5 nerve root. The record contains a handwritten progress note dated 08/02/11 in which the claimant reported his back bothers him. On 09/06/11 the claimant was seen in follow-up by Dr.. It was reported the claimant started back to work the second week and started having pain in his back. It is reported to be going down his legs to his heels. It is reported his toes are not tingling as much as they were before. He drives 2 ½ hours to his job. He has been seen by Dr. and reported to have x-rays of his back and injections. He has had physical therapy. He is reported to have recurrent lumbar disc at L5-S1 on left with moderate bilateral neural foraminal narrowing at L4-5. On physical examination he has well healed midline scar, no tenderness of his back, and he is reported to have positive straight leg raise at 70 degrees with left hip and leg pain, positive straight leg raise on right. He has no weakness with dorsiflexion or plantar flexion. There is tenderness over the left SI notch. He is recommended to undergo EMG.

The initial review was performed on 09/23/11 by Dr.. Dr. notes that based on interpretation of MRI and physical findings that the claimant has lumbar EMG, and therefore, EMG is not medically necessary if radiculopathy is obvious. A peer to peer was conducted with the requestor in which he attempted to clarify with the provider how the study would materially affect the case. No recurrent call was received. He subsequently found the request to not be medically necessary.

The subsequent appeal request was reviewed by Dr. on 10/17/11. Dr. non-certified the request noting there is no detail regarding frequency of severity of quality of pain whether it is right greater than left or whether the pain is consistent with radiculopathy and if so which route. She notes thorough examination and history must be corroborated by imaging studies. She notes due to lack of detailed history and less than thorough neurologic examination, the requested EMG is not medically necessary.

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

The submitted clinical records indicate the claimant initially sustained an injury to his low back which he underwent surgical intervention on 10/04/11 consisting of right laminectomy at L4-5 and left foraminotomy and osteophytectomy with discectomy and decompression at L5-S1. The submitted clinical records indicate the claimant has subjective complaints of bilateral radiating pain. He has evidence of left lateral disc bulge at L5-S1 with possible impingement of left L5 nerve root. Based on his serial examinations, Dr. opines the claimant has left L5-S1 nerve root compression. The records indicate the claimant has objective findings on imaging as well as positive findings on examination indicating the presence of a recurrent radiculopathy. The record does not provide any data which would establish the performance of this study will alter the course of the claimant's treatment plan. Given the finding is reported to be clinically obvious, this study would represent redundant information that would not alter the course of the claimant's treatment. As such, the previous utilization review

determinations were appropriate and subsequently upheld.

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