

SENT VIA EMAIL OR FAX ON  
Dec/06/2011

## True Decisions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/05/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

EMG/NCV Bilateral Lower Extremities

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

Board Certified Pain Medicine

**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

Adverse determination notice 10/06/11

Adverse determination after reconsideration notice 11/07/11

Insurance response to request for IRO 11/21/11

Preauthorization request 10/31/11

Preauthorization request 10/26/11 appeal EMG/NCV bilateral lower extremities

Office notes D.C. 06/24/11-08/29/11

MRI lumbar spine 10/13/10

Office visit notes M.D. 03/01/11 and 08/16/11

Operative report lumbar laminectomy discectomy decompression neural foraminotomy L4-5, L5-S1, anterior arthrodesis L5-S1, lateral arthrodesis L5-S1, cage placement L5-S1 bilaterally

Functional capacity evaluation summary 08/26/11

X-rays lumbar spine with lateral flexion / extension radiographs 11/18/08

MRI lumbar spine 11/18/08

Office notes M.D. 11/29/10

Impairment rating review 03/24/11

Required medical examination post designated doctor evaluation 06/16/11

#### **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx when he was tying car down to truck and slipped backwards holding chain in his right hand. His left elbow hit a trailer behind him and his back hit a sprocket. The claimant has undergone surgery to bilateral shoulders and left elbow. He also underwent L5-S1 lumbar fusion and L4-5 decompression performed 02/17/11. The claimant continued with complaints of back stiffness with radiation of pain into left leg. The claimant was seen on 08/16/11 by Dr. who noted x-rays of lumbar spine including flexion / extension views revealed L5-S1 decompression with level instrumented arthrodesis with cross link in good position, well healed with no motion on extension / flexion views, no evidence of hardware loosening, failure or adjacent segment disease. Physical examination revealed well healed midline incision, no paravertebral muscle spasm, negative extensor lag, no sciatic notch tenderness, negative flip test bilaterally, negative Lasegue's bilaterally at 45 degrees, negative Braggard's, equal and symmetrical knee and ankle jerks, absent posterior tibial tendon jerks, and no gross motor deficits. The claimant was recommended to undergo EMG/NCV of bilateral lower extremities to see if there is any chronic nerve root dysfunction and base rehab and retraining on deficits.

A preauthorization request for EMG/NCV of bilateral lower extremities was reviewed on 10/06/11 and the request was determined to be non-certified as medically necessary. It was noted the claimant underwent L5-S1 lumbar fusion with L4-5 decompression on 02/17/11, left shoulder arthroscopy on 11/12/09, left lateral epicondylectomy on 06/18/09 and right shoulder arthroscopy on 01/22/09. Current physical examination and MRI prior to surgery suggested right L5 radiculopathy. The reviewer noted it was unclear if there has been significant clinical change, deterioration or new trauma since that time. It is unclear why different result might be expected, what suggest presence of abnormality not previously noted on electrodiagnostic testing. There is insufficient information upon which to base determination of medical necessity.

A reconsideration request for EMG/NCV of bilateral lower extremities was reviewed on 11/07/11 and reconsideration was not authorized based upon the clinical information provided. It was noted the claimant fell injuring his right shoulder and elbow. He subsequently underwent rotator cuff repair on 01/22/09, surgery to left elbow on 06/18/09 and left shoulder surgery on 11/12/09. He has had extensive postoperative rehabilitation. He had epidural steroid injection on left at L5-S1 performed on 03/05/10 with 60% relief and again on 05/10/10 without any more outcomes. The claimant has also undergone chiropractic treatment and had 18 therapy sessions approved without significant benefit. Designated doctor evaluation on 06/24/10 noted the lumbar exam was quite benign with decreased leg sensation. Surgery was not recommended, but the claimant was not at maximum medical improvement. The claimant is noted to be status post L4-5, L5-S1 examination under anesthesia, laminectomy, decompression, discectomy; L5-S1 arthrodesis with cages, posterior instrumentation on 02/17/11. It is noted the claimant completed 24 postoperative physical therapy sessions. Dr. requested repeat EMG/NCV of bilateral lower extremities (prior exams were 01/20/09 and 11/24/10). Current physical examination and lumbar MRI prior to surgery suggested right L5 radiculopathy; however, in discussion with the AP indicated all findings were local in nature and requesting EMG/NCV based on Dr. request. It was noted the claimant has undergone two prior lower extremity tests, MRI and surgery with current clinical findings not supportive of new radiculopathy. Any residual lower extremity complaints are likely due to postsurgical changes, and his clinical presentation has not changed since last exam, and third EMG is not medically necessary.

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

The request for EMG/NCV of bilateral lower extremities is not supported as medically necessary by the clinical data provided. The claimant sustained multiple injuries secondary to

fall. He has undergone numerous surgical procedures including surgery to bilateral shoulders, left elbow, and lumbar spine. The claimant is status post lumbar laminectomy discectomy with decompression L4-5 and fusion at L5-S1 performed on 02/17/11. Records indicate the claimant has undergone two previous electrodiagnostic studies of lower extremities. The claimant has subjective complaints of back stiffness with radiation of pain into left leg; however, physical examination on 08/16/11 was unremarkable without evidence of motor or sensory changes. Given the current clinical data, medical necessity is not established for a third electrodiagnostic study of bilateral lower extremities.

**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)