



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 2-15-11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Electromyography and Nerve Conduction

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

American Board of Neurological 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)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY **[SUMMARY]:**

6-25-08 X-rays of the lumbar spine shows status post decompression and fusion L4-L5 with evidence for early discal degeneration and degeneration facet arthropathy at L3-L4 resulting in a slight degenerative instability at L3-L4.

7-11-08 MRI of the lumbar spine without and with contrast shows status post decompression and fusion L4-L5 with mature posterolateral and anterior interbody fusion. Spinal canal and neural foramina is patent. Degenerative disc changes L3-L4 with circumferential disc bulging as well as moderate degenerative facet arthropathy resulting in mild spinal canal stenosis, moderate right and mild left sided foraminal stenosis. Mild disc bulging T12-L1 without spinal canal or foraminal stenosis.

10-27-08 Surgery performed, revision decompressive lumbar laminectomy, foraminotomy, partial facetectomy at L4-L5 and L3-L4. At L3-L4 posterior lumbar interbody fusion with lordotic carbon fibers cages. Bilateral pedicle screw fixation with Steffee plates at L3-L4. Right posterior iliac crest bone graft. Bilateral intertransverse process arthrodesis L3-L4.

2-12-09 The claimant is having some left sided leg pain that is intermittent. X-rays shows that the fusion is healing satisfactorily. The evaluator recommended symptomatic treatment. He may start rehab program.

Follow up on 6-15-09 notes the claimant is doing well with minimal complaints. X-rays are satisfactory. He is to follow up in four months.

Follow up on 10-12-09 notes the claimant continue with activities as tolerated.

5-18-10 Performed a Peer Review. It was his opinion that the continuing use of Norco as an opiate pain reliever is consistent with standard of care and ODG guidelines for failed low back surgery syndrome that has not responded to non-opiate pain medications. It is his opinion, that the Topamax or Topiramate medication is consistent with standard of care and ODG guidelines for neuropathic lower extremity radiating pain. It is appropriate that Xanax has. Reportedly been discontinued because Xanax, a medication primarily used for panic and anxiety disorder, is not consistent with standard of care and ODG guidelines for the long term management of chronic pain accompanied by low back surgery syndrome. The records do not reflect evidence of instability, spinal stenosis, or significant neurologic deficit at this time. The records do reflect the ongoing examinations that are most likely consistent

with epidural fibrosis and scar formation involving nerve root symptoms at the previously performed surgical site. In this scenario, there would be no surgical indications consistent with standard of care and ODG guidelines. The possibility of a spinal cord stimulator would reasonably arise and the possibility of an opiate pain pump would reasonable arise as well, but the pain management office notes do not mention these recommendations. Considering the frequency of visits of every four months with their group, this would strongly imply a stable pain management scenario and that the patient is a reliable patient with no abuse of medications and is not undergoing any unusual risks by faking the medications being provided by the pain management group. Therefore, he would suggest that no significant change in the treatment program be instituted at this time.

8-4-10 The claimant is seen for low back pain. He is doing relatively well. He continued to lose weight and feels much better. His current medications include Xanax, Norco, Topamax, Colace, Nexium and Zocor. On exam, the claimant has pain with extension. SLR is positive at 60 degrees and left leg pain at 50 degrees. Assessment: Lumbar disc herniation, lumbar spine stenosis, post laminectomy syndrome, late effect of injury to nerve roots and myofascial pain syndrome. The evaluator provided a refill for Xanax, Norco, and Topamax.

10-4-10 The claimant reports low back pain with radiating pain to the entire right and left lower extremities. The claimant was injured lifting a garbage can. He reported immediate back and leg pain. Conservative management did not improve his symptoms. This was followed by several (total of 4 surgeries). The first spinal surgery consistent of a laminectomy and non intruded fusion at L4-L5 on 7-28-03. This was followed with an instrumented fusion on 12-8-04. A pseudoarthrosis lead to explant of hardware on 12-12-05. The pain persistent and had additional posterior fusion at L3-L4. This resulted in improvement of the low back pain. The pain involves the low back bilaterally with left more than right, predominantly the left lower extremity from left buttock, towards the posterior lateral thigh, posterior calf and lateral left foot. The claimant receives some relief with the use of Topamax and Hydrocodone. On exam, the claimant has loss of sensation on the right lateral and dorsal foot and left lateral foot. SLR and Fabere test is negative. Kemps test is positive. The claimant has had physical therapy, injections, EMG/NCS study and many medications as well as a TENS unit. The evaluator recommended x-rays and CT scan of the lumbar spine. A diagnostic facet injection at L5-S1, continued medication management. If the imaging does not suggest any clear pathology and if the injections are not beneficial then consider a spinal cord stimulator.

10-5-10 X-rays of the lumbar spine showed evidence of previous fusion from L3 to L5. CT scan of the lumbar spine dated 10-5-10 showed possible malposition of the pedicle screws on the right side. Wide laminectomy from L3 to L5 with extensive posterior scarring.

Follow up on 10-25-10 notes the claimant had a CT scan on 10-5-10 which revealed malposition of the right pedicle screw at L4 penetrating the pedicle posteriorly and exiting obliquely from the pedicle along the vertebral cortex into the psoas muscle. The evaluator continued the claimant on Hydrocodone and Topamax. A low dose of Methadone was discussed. The evaluator referred the claimant to Dr. for his opinion regarding the position of the pedicle screw. If the pedicle screw is thought not to pose a problem, then consider a spinal cord stimulator.

12-1-10 The claimant was seen in followup post his recent hospitalization. The claimant was seen on 11-22-10 for a heart rate issue. The evaluator stopped his Lisinopril and refilled his Xanax.

1-4-11 The evaluator felt the claimant had a failed back syndrome. On CT scan the screws on the right do closely approximate the cortex of the pedicle, but he saw no evidence of significant breaches that would warrant repositioning of the screws. The evaluator recommended electrodiagnostic studies of the lower extremities as well as MRI scan of the lumbar spine.

1-10-11 Performed a Utilization Review. The evaluator reported that the history and documentation do not objectively support the request for an EMG/NCS at this time. The

described. There is no indication that he may have peripheral nerve compression or radiculopathy that is new since his previous studies were done.

1-14-11 Performed a Utilization Review. The reviewer reported that the request for a bilateral lower extremity EMG/NCV study is not medically necessary. The documentation submitted for review elaborates the patient having a positive straight leg raise at 90 degrees bilaterally, along with symmetrical deep tendon reflexes. The evidence-based guidelines recommend an EMG study provided the patient has undergone at least one month of conservative therapy. Evidence-based guidelines do not recommended NCV studies of the bilateral lower extremities. The patient's functional deficits do not warrant going outside guideline recommendations. As such, the documentation submitted does not support this request at this time.

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

IN REVIEWING THE RECORDS, THIS CLAIMANT HAS HAD MULTIPLE LUMBAR SURGERIES WITH SCAR TISSUE AND NO NEW CHANGES IN THE NEUROLOGICAL EXAMINATION. THEREFORE, THE REQUEST FOR AN EMG/NCS IS NOT REASONABLE OR INDICATED.

ODG-TWC, last update 2-9-11 Occupational Disorders of the Low Back –
EMG: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. NCS: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

A 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**
- 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)**