



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision

DATE OF REVIEW: 1/6/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG/NCV Bilateral Lower Extremity

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

The reviewer is a board certified MD in Neurology licensed to practice in Texas.

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]:

This is a man with a history of injury resulting in low back pain. There is radiation of the pain down to both lower legs. His examination shows actual weakness in the lower legs with strength grade 4/5 (normal should be 5/5). His reflexes are likewise abnormal being hypoactive at 0/4. Straight leg raising and Patrick maneuver are negative. He requires pain medications. There is morbid obesity, therefore he was not able to fit in an MRI scanner. A less conclusive test, namely a CT scan, was ordered.

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

A proper diagnosis of radiculopathy requires a careful history, clinical examination, electrophysiological studies (EMG, NCV) and imaging studies.

This patient examination is clearly abnormal showing weakness of the lower legs and hypoactive reflexes.

An MRI scan would have been sufficient to confirm the diagnosis. However; due to morbid obesity, a less conclusive test (CT scan) was ordered. Therefore, a confirmatory test such as EMG and NCV are necessary.

The ODG integrated treatment /disability duration guideline states that an abnormal EMG is needed for unequivocal evidence of radiculopathy. Nerve conduction velocities is a must with EMG. The amplitude of the compound muscle action could be diminished indicating radiculopathy. Sensory potentials differentiate between peripheral neuropathy and proximal compression in the spine as by a disc. H responses are typically absent in s1 radiculopathy. In fact, Medicare would not pay for an EMG if not done in conjunction with NCV.

It is my recommendation that bilateral EMG/NCV should be approved.

REFERENCES

- 1- ODG, INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINE
- 2- MAYO CLINIC NEUROLOGICAL DIAGNOSTIC MANUAL.
- 3- KIMURA ELECTRODIAGNOSTIC



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**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
- 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



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- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (SEE REFERENCES ABOVE)**