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*Notice of Independent Review Decision*

**DATE OF REVIEW: 12/29/10**

**IRO CASE #:**

Description of the Service or Services In Dispute  
EMG/Nerve Conduction Studies, Lower Extremities

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

Physician Board Certified in Neurological Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree)
<b>X</b> Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

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**

Adverse determination letters, 12/13/10, 12/7/10  
Reports, Injury Center of DC: 9/3/10, DC: 12/1/10  
Primum preauth requests 10/25/2010  
MRI lumbar spine report 10/27/2010  
MRI left knee report 10/27/2010  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient involves a now female who on had a patient fall on her while going on some steps. She had immediate bilateral sharp knee pain and low back pain which has persisted despite physical therapy. She had a history of left knee surgery 15 years before the above mentioned accident. On 10/27/2010, an MRI showed a small left L4-5 and L5-S1 bulge without definite nerve root compression being present. Her examination revealed a diminished left Achilles reflex and diminished sensation in the left L4-S1 distribution. Electrodiagnostic studies have been asked for to further evaluate her problem.

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

I disagree with the denial of the requested EMG/Nerve Conduction Studies. The patient's radiculopathy is not certain considering the minimal MRI findings and the only questionable significant physical examination picture especially in view of the findings on critical examination not really corresponding with the minimal findings on the MRI. Additional test findings could

show a more distinct area of symptom producing pathology and therefore direct attention to a more correct level of the potential source of radiculopathy. EMG could also show nothing in radiculopathy evidence and therefore direct attention to other possible sources of pain.

**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
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)