

SENT VIA EMAIL OR FAX ON
Jan/04/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCS of the bilateral lower extremities

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

AADEP Certified

Whole Person Certified

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

Chiropractor

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

Denial Letters 10/21/10, 11/2/10, 11/4/10

MRloA 10/20/10 and 11/3/10

Medical Health 9/16/10 thru 12/15/10

United Neurology 11/18/10

Dr. 10/18/10

MRI 6/9/10

FCE 6/18/10

Back & Neck 7/6/10

8/5/10 thru 8/16/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on xx/xx/xx . The injured employee apparently injured his low back. The injured employee underwent an MRI of the

lumbar spine on 06/09/2010, which revealed a 2mm disc herniation at L5-S1. On 06/18/2010 and FCE was performed and recommendations were made for full work duties. On 08/05/2010 the injured employee underwent an LESI. On 11/18/2010 the injured employee was seen by Dr. and an EMG/NCV of the lower extremities was recommended. On 10/18/2010 the injured employee was seen for an independent medical examination and it was determined that the injured employee was not at MMI and recommendation were made for an EMG/NCV. The injured employee was seen for an initial examination with Dr. on 09/16/2010. The injured employee had undergone physical therapy and ROM/Muscle testing. The treating physician is now requesting an EMG/NCV of the lower extremities.

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

The injured employee currently does meet the required guidelines for an EMG/NCV of the lower extremity at this time. The injured employee has exhausted pharmaceutical management, physical therapy, and epidural injections past the recommended timeframe. Documentation reviewed does support the request for EMG/NCV study of the lower extremity. Records reviewed revealed an MRI of the lumbar spine indicating a disc herniation. FCE/ROM/Muscle testing indicated motor weakness and decreased ROM. Examination findings by independent medical doctor for TDI, medical neurologist, and treating physician indicated the medical necessity for an EMG/NCV of the lower extremities.

Therefore in view of all the documentation submitted, AANEM guidelines, and ODG the requested services, EMG/NCV of the lower extremities would be considered medically necessary.

EMGs (electromyography)	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. See Surface electromyography.)
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Nerve conduction studies (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. (Utah, 2006) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy , but EMG's are not necessary if radiculopathy is already clinically obvious.
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Recommended. **Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted**, well-established and widely used for **localizing the source of the neurological symptoms** and establishing **the diagnosis of focal nerve entrapments**, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies. The later development of sympathetically mediated symptomatology however, has no pathognomonic pattern of abnormality on EMG/NCS. ([Colorado, 2002](#)) See also [Monofilament testing](#). For more information and references, see the [Carpal Tunnel Syndrome Chapter](#). Below are the Minimum Standards from that chapter.

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)