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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EMG/NCV study of the lower extremities

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Electrodiagnostic 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

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured after a fall in xx/xx/xx. She has back pain and right lower extremity pain. She did not improve after therapy, chiropractic treatments and an epidural injection. Her MRI from 8/3/09 reported a right paracentral disc protrusion at L5/S1 with potential right S1 nerve root impingement. Dr. would like electrodiagnostic studies performed prior to a surgical consultation. Dr. wrote of the 9/21/10 examination that there was 1+ right and 2+ left ankle jerks. "Lower extremity sensation is decreased in the right S1 nerve root impingement." There is also a request for NCV amplitude velocity and motor studies without the F wave.

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

AANEM standards justify the role of EMGs and limited nerve conduction studies for the diagnosis of a radiculopathy. The ODG, however provides that an EMG study be done only when there is a question of the presence of a radiculopathy. This patient's MRI showed the disc herniation, but these can give false positive studies. The physical examination provided

evidence of the right S1 root involvement based upon the sensory loss and the abnormal reflexes noted above. Further, Dr. wrote (11/15/10) of the transient benefit from the S1 selective root block "So diagnostically, it is the right S1 nerve that is being irritated..." These all confirm the presence of the S1 root compromise. The EMG is not likely to provide any additional information. False positives can occur when the sensory fascicles more than the motor fascicles are involved. It appears from Dr. that the diagnosis has been made and that there would be little additional information provided with the study. Therefore, the reviewer finds that there is no medical necessity at this time for EMG/NCV study of the 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: AANEM WEBSITE, <http://www.aanem.org/>, Recommended Policy for Electrodiagnostic Medicine

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)