



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 06/30/11

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral Lower Extremity EMG/nerve conduction study, CPT 95900, 95904, 95861

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic lumbosacral spine pain

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. forms
2. TDI referral forms
3. Denial letters, 05/06/11 and 06/03/11
4. Injury Center, D.C., clinical notes, ten entries between 11/12/10 and 06/06/11
5. MRI scan, lumbar spines, 02/09/11
6. Operative report, epidural steroid injection, 03/26/08
7. Pain Consultant, M.D., evaluation 01/20/11
8. Required Medical Examination, 01/12/11, M.D.
9. Order, EMG/nerve conduction study, 05/02/11

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a male who has suffered two lumbar spine injuries. The first occurred on xx/xx/xx. The mechanism of injury was probably lifting, and he underwent an L4/L5 hemilaminectomy/discectomy on 08/02/02. Subsequently he had some periods of no pain

symptoms. However, he has had a second spine injury that occurred on xx/xx/xx. The injury was strain and slip-and-fall. He has had recurrent episodes of low back pain and bilateral leg pain with more severe leg pain on the left side than on the right. He has been treated with epidural steroid injections and uses a TENS unit on a chronic basis. Recent physical examinations have included findings suggestive of tension signs positive, specifically straight leg raising and crossed straight leg raising. He has an absent ankle jerk on the left side. An MRI scan of the lumbar spine revealed multilevel degenerative disc disease involving all levels between L3/L4 and L5/S1 with postoperative changes at L4/L5. The current request for EMG/nerve conduction study was denied, reconsidered and denied. The denials appear based more on the relationship of the chronic low back pain to the original injury than to clinical circumstances.

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

This patient obviously suffers chronic low back pain with acute severe episodes. His most recent injury has been treated with epidural steroid injections and the use of a TENS unit. He continues to complain of low back pain and bilateral lower extremity pain with more findings on the left side than on the right. He has an absent ankle jerk documented, and tension signs are positive, specifically straight leg raising and crossed straight leg raising, right to left. The patient suffers failed low back surgery syndrome and may become a candidate for repeat epidural steroid injection and/or repeat spinal nerve root decompression. An EMG/nerve conduction study is a valid test and may be beneficial in documenting the level or levels of nerve root entrapment. As such, approval of this request should be provided. Medical necessity appears to have been established.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).

\_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)