



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/7/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an electromyography and nerve conduction.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding prospective medical necessity of an electromyography and nerve conduction.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
An MD and Managed Care

These records consist of the following (duplicate records are only listed from one source): Records reviewed from an MD: Peer to Peer Medical Review – 1/20/11 and Initial History and Physical report – 1/7/11.

Records reviewed from Managed Care: Denial letters – 1/25/11, 1/27/11, & 2/11/11; letter – 2/22/11; an MD Review determination letter – 1/25/11; an MD Review determination letter – 1/31/11; an MD Pre-auth request – undated, Reconsideration request – undated; Office Visit Notes – 9/30/10-1/18/11; an MD Imaging Report – 10/21/10; Prium Pre-auth Report – 12/2/10; Physician Review Recommendation – 1/13/11; and a DO Review Determination Letter – 1/20/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this male injured his back on xx/xx/xx while lifting repetitively. He was initially treated with medications and began physical therapy on September 30, 2010. At that time, he was said to have limited back motion, abdominal weakness, normal reflexes, no weakness in the lower extremities, and negative femoral stretch and straight leg raising tests.

On October 21, 2010, MRI studies of the lumbosacral spine showed mild to moderate degenerative changes of the lumbar spine, most marked at the L5-S1 level. No neuroforaminal compromise was noted at any level.

The injured worker received six physical therapy sessions, but no further sessions were approved. The injured worker was evaluated by an M.D. on January 4, 2011 and at that time, was feeling somewhat better. The injured worker showed limited range of motion of the lower back due to discomfort, symmetrical lower extremity reflexes, and positive straight leg raise at 40°.

On January 7, 2011, an M.D. evaluated the injured worker and stated that he was complaining of lower back pain radiating down the left lower extremity with occasional numbness, tingling, and weakness in the lower extremity. Limited range of motion of the lower back was described. Deep tendon reflexes were 2+ and symmetrical at the patella and 1+ and symmetrical at the Achilles tendon. There was weakness in the left extensor hallucis longus muscle with strength there being 4/5. Straight leg raising was said to be abnormal on the left. The physician recommended diagnostic and therapeutic lumbar epidural steroid injection. This injection was denied because, according to the medical record, there was no unequivocal evidence of radiculopathy since the injured worker had not had electrodiagnostic studies. Electrodiagnostic studies including EMG and nerve conduction studies were subsequently recommended, but denied as being not medically necessary.

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

Early on, descriptions available in the medical record indicate that the injured worker injured his lower back and had pain in his lower back. Early diagnoses included back pain, lumbar pain, and lumbosacral strain. The injured worker was treated conservatively with medications and physical therapy but his symptoms did not resolve. More recent clinical notes describe radicular type pain from the lower back to the left lower extremity with associated weakness in the extensor hallucis longus muscle and a positive straight leg raise test on the left. MRI studies performed on October 21, 2010 showed mild to moderate degenerative changes throughout the lumbar spine with no significant neuroforaminal

narrowing at any level. Epidural steroid injections were recommended for diagnostic and treatment purposes when the injured worker began complaining of radicular pain, but the epidural steroid injections were denied because evidence in the medical record of nerve root compromise was not sufficient to establish a diagnosis of radiculopathy without electrodiagnostic testing.

ODG Treatment Guidelines allow EMG studies to obtain unequivocal evidence of radiculopathy after one month of conservative treatment. EMG studies are not recommended if radiculopathy is already clinically obvious. After approximately four months of conservative treatment the injured worker's symptoms had not resolved. In fact, more recently described symptoms are suggestive but not clearly diagnostic of radiculopathy. Therefore, EMG studies would be medically necessary to obtain unequivocal evidence of radiculopathy.

The American Association of Electrodiagnostic Medicine, in its mini monograph #32, does note that there are nerve conduction study changes that may be associated with lumbosacral radiculopathy, specifically, reduced amplitude of the compound muscle action potentials and abnormal late responses (H reflexes).

In spite of these observations, the ODG Treatment Guidelines categorically state that nerve conduction studies are not recommended for evaluation of lumbosacral radiculopathy. There is no indication in the medical record that there may be a concomitant neurologic problem that would require nerve conduction studies to differentiate between radiculopathy and another neurologic entity. Therefore, according to ODG Treatment Guidelines, nerve conduction studies are not medically necessary in this case.

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