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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCV to Bilateral Lower extremities

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

MD, Board Certified Neurosurgeon

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 finds there is medical necessity for EMG to Bilateral Lower extremities. The reviewer finds there is not medical necessity for NCV to Bilateral Lower extremities.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Provider 2/1/11, 2/10/11

M.D. 1/26/11 to 1/31/11

Lab Report 1/28/11 to 2/7/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with an injury resulting from when she lifted a trash bag filled with heavy objects. She complains of low back pain with radiation down the right leg. She has undergone physical therapy. Her neurological examination 01/26/2011 shows diminished heel and toe walking, yet she has 5/5 strength throughout. An MRI of the lumbar spine 01/18/2010 shows at L4-L5 a right paracentral annular tear and a 2-3mm discal substance protrusion/herniation minimally indenting the thecal sac. At L5-S1 there is a left paracentral annular tear that indents the thecal sac to a mild degree. The provider is requesting an EMG/NCV to the bilateral lower extremities.

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

This claimant has had long-standing low back pain radiating to the right leg. Her MRI does not show overt neural compression and her neurological examination is inconclusive. According to the ODG, "Low Back" chapter, "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." In this case, the radiculopathy is not obvious. The primary complaints are in the right leg. Based on this

information, the reviewer finds there is medical necessity for EMG to Bilateral Lower extremities. The NCV to Bilateral Lower Extremities, however, is not medically necessary. According to the ODG, "Low Back" chapter, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy". In this case, there is nothing on exam or history to suggest anything other than a radiculopathy. The reviewer finds there is medical necessity for EMG to Bilateral Lower extremities. The reviewer finds there is not medical necessity for NCV to Bilateral 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)

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