

SENT VIA EMAIL OR FAX ON
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Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG of Lower Extremities

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

Board Certified Orthopedic Surgeon, Practicing 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. History, physical and neurologic examination and follow-up notes M.D. 11/22/10-05/09/11
2. IRO notice of decision 01/28/11
3. Utilization review determination 11/07/10 regarding non-certification EMG/NCV bilateral lower extremities
4. Utilization review determination 04/01/11 regarding non-certification EMG of lower extremities
5. Utilization review determination regarding non-certification reconsideration / appeal request EMG of lower extremities
6. Carrier submission Law Offices 05/12/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who sustained a lifting injury on xx/xx/xx. He is status post lumbar fusion at L3-4 and L5-S1. The patient continues to complain of low back pain and left leg pain. According to chart note dated 03/14/11 the patient originally gave a history of L3-4 and L4-5 fusion, but this has been corrected and is L4-5 and L5-S1 fusion with L5-S1 pseudoarthrosis. Physical examination on 02/14/11 reported low back is nontender to palpation. Range of motion of lumbar spine revealed flexion of 50 degrees and extension 5 degrees which produces low back pain. Facet signs are positive. Straight leg raise is positive on the left at 40 degrees producing low back pain. Motor strength is 5/5 in all upper and lower extremity muscle groups. Reflexes are 1+ in patella and absent bilaterally in ankle.

A request for EMG of lower extremities was reviewed on 04/01/11, and request was

determined as non-certified as medically necessary. Per the review, the injured employee was diagnosed with left S1 radiculopathy and possible L5-S1 pseudoarthrosis. Official Disability Guidelines indicate EMG may be useful to obtain evidence of radiculopathy; however, there should be at least one month of conservative treatment prior to consideration of EMG. Also, EMGs are not necessary if radiculopathy is already clinically obvious. The documentation submitted for review notes objective clinical findings for radiculopathy. Also there was a lack of documentation submitted for review to indicate the injured employee is currently undergoing conservative treatment.

A reconsideration / appeal request for EMG of lower extremities was reviewed on 04/26/11 and determined as not medically necessary. The review noted the injured employee has history of low back pain radiating to left lower extremity. Current evidence based guidelines recommend electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy after one month of conservative treatment if radiculopathy is not already clinically obvious. It was noted the injured employee has had consistent physical examination findings of decreased motor strength in left lower extremity, diminished deep tendon reflexes in left lower extremity, positive straight leg raise on left, and decreased sensation of left lower extremity. The injured employee was noted to have history of failed fusion at L5-1 with recent CT scan revealing retrolisthesis of L5-S1. Noting the injured employee has clinical presentation consistent with radiculopathy, electromyography would not be indicated at this time. The reviewer noted that after discussion with the requesting provider's PA, it was noted that EMG is being requested to help determine whether the injured employee's symptoms are related to chronic or acute radiculopathy which would further influence treatment decisions. No additional clinical documentation was submitted for review supporting the request, and determination remained unchanged.

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

Based on the clinical information provided, medical necessity is not established for EMG of lower extremities. The injured employee is noted to have sustained an injury in xxxx. He subsequently underwent two level lumbar fusion. There is evidence of nonunion / pseudoarthrosis at L5-S1 level. The injured employee is noted to have had consistent findings on clinical examination consistent with radiculopathy. A previous request for electrodiagnostic testing of bilateral lower extremities was reviewed in 12/10. The request was determined to be non-certified as medically necessary at that time, and denial was upheld on IRO of 01/28/11. The current clinical records again document ongoing radicular symptoms with no evidence of significant change in clinical presentation / symptomatology. Noting the clinical exam findings consistent with radiculopathy over multiple medical examinations, the request for EMG of lower extremities does not meet ODG criteria and is not supported as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES