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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient EMG/NCV 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 and Pain Management

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

The injured employee is noted to have sustained an injury on xx/xx/xx when he fell over a pipe while working falling on his left hip and shoulder causing contusions and lumbar pain. The records indicate the injured employee is status post L3-S1 fusion with subsequent removal of spinal cord stimulator. Office note dated 01/17/11 indicates that last set of epidural steroid injections did quite well for about two weeks in taking pain away but did not affect the paresthesia in the left thigh. Physical examination reported wound is healing well. The injured employee has very little lumbar spine flexion and tight. There was tenderness about the lumbar spine paraspinals.

A request for EMG/NCV of the lower extremities was reviewed on 02/23/11 by Dr. who determined the request to be non-certified. It was noted that last office visits showed EVI stimulator was removed. There was residual posterior tibial tendon jerk and increasing weakness of the right leg with almost total paresthesia to the left leg. The injured employee states he is sore. No further neurologic exam is provided. Office visit of 12/31/10 showed the injured employee has had previous epidural steroid injection and now has pain to the right lower extremity. Kemp's test was positive. Straight leg raise was painful, pain along L4-5 nerve root distribution. Left straight leg raise also was painful. Previous EMG was noted to show a left L4, L5 and S1 radiculopathy. Dr. noted that ODG supports the use of

EMG to gain unequivocal evidence of radiculopathy; however in this case radiculopathy is already clinically evident and has been confirmed by previous EMG. Dr. further noted that ODG does not recommend nerve conduction studies when symptoms are due to radiculopathy, and therefore the request was not approved.

The injured employee was seen in follow up on 02/28/11. He is still noting right-sided low back pain with radiation into the right lower extremity. The injured employee is noted to have been to physical therapy and is noticeably stronger and more flexible with the spine and lower extremities, but pain still prevents some activities. Physical examination reported non-tender to palpation along the midline spine. He is notably tender at the right and TFL. He can toe raise with each foot with all weight but has difficulty with knee bend on the right with weight.

A reconsideration/appeal request for EMG/NCV of the lower extremities was reviewed by Dr. on 03/11/11. Dr. recommended non-authorization of the request. Dr. noted this is a male post low back injury, post L3-S1 fusion and recent removal of spinal cord stimulator. Dr. noted that last office note of 02/28/11 indicated right low back pain with right lower extremity radicular pain; however, there were inadequate neurological examination findings suggestive of lumbosacral radiculopathy as required by ODG guidelines.

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 Outpatient EMG/NCV of the lower extremities. The patient is noted to have sustained an injury to low back. He subsequently underwent L3-S1 fusion with bone growth stimulator, and bone growth stimulator was subsequently removed. The injured employee continues to complain of right-sided low back pain and pain to right lower extremity. However, there is no detailed physical examination provided with evidence of motor, sensory or neurologic changes. Records indicate the injured employee has a previous EMG/NCV study that revealed evidence of L4, L5 and S1 radiculopathy. Per ODG guidelines, EMG/NCV may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative treatment, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured employee had clinical evidence of radiculopathy, which was confirmed by previous EMG. There are no current physical examination findings indicative of radicular symptoms. Given the current clinical data, medical necessity is not established. The reviewer finds there is no medical necessity at this time for Outpatient EMG/NCV of the lower extremities. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)