

SENT VIA EMAIL OR FAX ON
Nov/22/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCV Bilateral Lower Extremities

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

Board Certified Orthopedic Surgeon (Joint)

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)

EMG is medically necessary. NCV is not indicated.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Legal document dated 11/07/11

Request for IRO dated 11/07/11

Utilization review determination dated 08/16/11

Utilization review determination dated 09/20/11

Clinical records Dr. dated 09/08/11, 08/09/11, 06/28/11, 06/23/09, 04/04/09, 01/20/09, and 10/30/07

CT myelogram of lumbar spine dated 07/28/11

CT lumbar spine dated 10/16/08

Radiographic report lumbar spine dated 10/30/07

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was reported to have sustained work related injuries on xx/xx/xx. The claimant is noted to have low back and bilateral leg pain. He has undergone two lumbar fusions. He is noted to have a dorsal column stimulator in place. Records indicate the claimant underwent lumbar myelography on 07/28/11. This study notes status post L5 laminectomy, lumbar fusion and placement of intervertebral joint spacer at L5-S1. A neurostimulator is present. A small intense collection of contrast anteriorly at L4-5 may represent dependently layering contrast or small epidural collection of contrast. This is otherwise normal myelogram CT without evidence of herniated disc, intervertebral nerve root and foraminal narrowing, central canal stenosis or distortion of spinal cord.

Records indicate on 06/28/11 the claimant was seen in follow-up. He has low back pain which radiates into bilateral buttock and groin down the left posterior thigh, knee and calf. He has pain radiating down the right medial thigh. He has complaints of numbness in bilateral feet, weakness in left leg, and is noted to be status post lumbar fusion laminectomy in 2001 which provided one year of relief, in 2003 he had revision, and his pain has been increasing since. He has previously been treated with physical therapy, ultrasound, massage, back exercises, chiropractic manipulation, and is currently maintained on Oxycontin 20 mg, Zanaflex 4 mg, Norco 10/325 as needed. On physical examination his heel / toe walk is week. Range of motion is not tested. He has no paraspinal spasms. Reflexes are 2+ and symmetric. Strength is 4/5 in right dorsal foot flexion. Sensation is intact. Straight leg raise is positive. The claimant is again recommended to undergo CT myelogram.

The claimant was seen in follow-up on 08/09/11. He is reported to have undergone CT myelogram on 07/28/11. This is reported to have shown mild facet arthropathy at L4-5. The claimant was subsequently recommended to undergo EMG/NCV and injections which were not approved under utilization review.

The initial review was performed on 08/16/11. The reviewer non-certified the request. He opines the request for nerve conduction velocities is not medically necessary; however, he would approve bilateral EMG only.

A subsequent appeal request was reviewed on 09/20/11. The reviewer again notes that nerve conduction velocities are not recommended by ODG for suspected radiculopathy. He noted in review of the requestor's records it would appear that EMG would be supported as medically necessary. He subsequently noted that the claimant has failed conservative treatment and EMG would be appropriate. However, the peer to peer contact was not established, and therefore the request was denied in its entirety.

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

The claimant is a male who has history of multiple back surgeries and failed back surgery syndrome. The claimant continues to have significant levels of low back pain with radicular type complaints without motor strength or sensory loss in lower extremities. He has evidence of motor strength weakness but intact sensory and reflexes, and therefore, a clear diagnosis of radiculopathy cannot be established. There is sufficient clinical information to warrant the performance of EMG of lower extremities; however, nerve conduction velocities would not be clinically indicated. As such, there is recommendation for partial overturning of previous determinations, and performance of bilateral EMG studies is opined to be medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES