



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

08/31/2011

DATE OF REVIEW: 08/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient EMG/NCV of the bilateral lower extremities (BLE)

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

Texas State Licensed MD Board Certified Occupational Medicine physician

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

This is a woman with history of chronic back pain secondary to a work-related injury on xx/xx/xx. The patient was treated with various modalities including lumbar spine surgery in 1992. She underwent a pain management program and evaluation for spinal cord stimulator. She presented again with complaint of low back pain radiating to the right lower extremity. On examination, she was noted to have tenderness of the lumbar spine with normal range of motion; right straight leg raise test was positive; there was no evidence of any neurological deficit except mild sensory loss in the right L5 dermatome. Her MRI of the lumbar spine had revealed disc bulging at L5-S1 with moderate to severe left and moderate right foraminal encroachment. The patient was recommended electrodiagnostic studies of the both lower extremities for further assessment. A review has been requested for outpatient EMG/NCV of the bilateral lower extremities (BLE).

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

Referring to the Official Disability Guidelines: EMGs (electromyography) is recommended as an option (needle, not surface). 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. As per ODG Guidelines: Nerve



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conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This patient suffers from chronic pain and post-laminectomy syndrome. She continued to have pain in her back with radiation to the right leg. There was no evidence of any gross neurological deficit on her physical examination. Her clinical findings are corroborated mostly by her MRI study last year. Based on ODG recommendations and the records reviewed, there is no indication for the requested outpatient EMG/NCV of the bilateral lower extremities (BLE) would help in developing further treatment strategy for this patient; therefore, the insurer's denial is upheld due to the following considerations:

- There was no evidence of overt radiculopathy or peripheral neuropathy on her last physical examination
- There was no substantial change in her clinical condition since her evaluation in 2010.
- The patient's clinical condition corroborates with her recent MRI findings, which showed bulging of the disc at L5-S1 with foraminal encroachment, although more pronounced on the left than right.
- It is not clear whether the patient has undergone an adequate trial of palliative care, such as physical therapy.
- The patient is not under consideration for surgery or other intervention procedure.

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
- AHCP- 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)