

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient bilateral lower extremities electromyogram/nerve conduction velocity test, and upper extremities nerve conduction velocity test

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

M.D., Board Certified Family Practice

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

ODG Guidelines and Treatment Guidelines
Request for IRO 09/02/11
Request for IRO 08/31/11
Employer's first report of injury or illness xx/xx/xxxx
Employee's report of injury xx/xx/xxxx
Clinical records Dr. 02/07/11 through 04/20/11
Radiographic report chest 02/12/11
Clinical note Dr. 02/16/11
Radiographic report lumbar spine 02/18/11
Radiographic report cervical spine 02/18/11
Clinical records Dr. 03/10/11 through 05/26/11
EMG/NCV report of the lower extremities 04/05/11
EMG/NCV report of the upper extremities 04/14/11
MRI lumbar spine 05/10/11
MRI cervical spine 05/31/11
Urine drug screen 06/10/11
Clinical records Dr. 05/16/11 through 08/16/11
Clinical note Dr. 07/20/11
MRI right knee 08/10/11
Chronic pain management program treatment plan review 08/12/11
Utilization review determination 07/25/11
Utilization review determination 08/12/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained multiple injuries on xx/xx/xxxx. At initial evaluation he had complaints of elbow and shoulder pain. He sought care from Dr. on 02/07/11. He had pain to the upper cervical area right elbow and right knee. He was diagnosed with back sprain and contusions of right elbow and right knee. He was provided Motrin and he was referred for radiographs. Radiographs of the thoracic spine performed on

02/12/11 note a slight levoscoliosis with no acute injuries. On 02/16/11 the claimant was seen by Dr. with complaints of pain in the right side of the neck that goes all the way down to the right foot. He reports difficulty in walking, pain in the elbow and knee. He had severe pain anywhere he touches his elbow or his knee. He complained of stiffness in his back. Radiographs of his elbow and knee and thoracic spine are normal. Dr. reports that he is unable to explain the cause of his extensive symptoms. He recommends x-rays of the cervical and lumbar spine, physical therapy and a pain management consultation.

Radiographs of the lumbar spine were performed on 02/18/11 and were reported as unremarkable. Radiographs of the cervical spine were unremarkable. On 03/10/11 the claimant was seen by Dr., a physiatrist. He has complaints of right-sided body pain. Dr. suggests that the claimant has a diagnosis of right shoulder adhesive capsulitis right patellar tendinitis and cervical myofascial pain syndrome. He recommends EMG/NCV studies of the bilateral upper extremities and bilateral lower extremities. On 04/05/11 the claimant underwent EMG/NCV study, which included the lumbar paraspinal musculature. This study is reported to be normal. Claimant continued on the medications Tramadol and Voltaren. The claimant underwent EMG of the right upper extremity and paraspinal musculature, which were reported as normal on 04/14/11.

Records indicate that the claimant was referred for MRI of the lumbar spine on 05/10/11, which notes a 2mm posterior disc bulge at L4-5. At L5-S1 there is degenerative disc disease with a broad based posterior protrusion subligamentous disc herniation and a central paracentral region slightly more to the left. There is a tear of the annulus fibrosis there's hypertrophic changes of the facet joints. There is moderate left inferior neural foraminal stenosis. MRI of the cervical spine was performed on 05/31/11, which showed posteriol bulging discs at C3-4 C4-5 and C5-6.

Of note the claimant underwent a urine drug screen on 06/10/11, which was completely negative for all medications. This was inconsistent with his medication profile.

The claimant came under the care of Dr. on 05/16/11 and presented with pain in the neck, pain to the back, right elbow, and right knee. The claimant was prescribed medications, which included Tramadol, ibuprofen, Robaxin, and Theragesic cream. The claimant was recommended to undergo psychiatric evaluation and EMG/NCV. He was to be referred for consideration of a chronic pain management program. On 07/20/11 he was seen by Dr. He reported continued low back pain with radiation down the right lower extremity. He's had at least 12 sessions of physical therapy without improvement. It is opined that the claimant's MRI shows disc pathology at L5-S1. On physical examination he is noted to be well developed and well nourished. He has adequate range of motion in bilateral upper extremities. He is noted to be tender at the right elbow. Motor strength is graded as 5/5. He has decreased range of motion of the right knee due to pain. He is non-tender over the spinous processes. The sacroiliac joints are non-tender. Cranial nerves were normal. Reflexes are 2+ and symmetric sensory is intact. Dr. opines that the claimant has a radiculopathy and recommends an epidural steroid injection. On 08/10/11 the claimant underwent MRI of the right knee, which reported a high-grade ligament sprain. Records indicate that the claimant was referred to a chronic pain management program and completed 10 sessions with a recommendation for 10 additional sessions. The claimant was recommended to undergo electrodiagnostic studies.

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

The records for this case indicate that this man sustained work related injuries on xx/xx/xxxx. He has undergone extensive conservative treatment and has been seen by multiple providers. Diagnostic studies have yet to produce a cause for the claimant's subjective complaints. There are no obvious findings on plain radiographs. MRI of the cervical and lumbar spine show age-related changes without evidence of acute pathology. These findings on imaging studies do not result in neurocompressive lesions. The records indicate that the claimant ultimately was referred for EMG/NCV of the bilateral lower extremities, which were negative and showed no electrodiagnostic evidence of a radiculopathy.

On 04/14/11 the claimant underwent EMG of the right upper extremity and cervical paraspinal muscles, which is sufficient to rule out the presence of a right upper extremity radiculopathy. Therefore the request for EMG/NCV of the bilateral lower extremities represents a redundant examination. The claimant does not appear to have been compliant with his medication profile. He was prescribed Tramadol and at the time of the performance of his urine drug screen, he is reported as negative for the metabolites of this medication. The records contain a physical examination by Dr., which was performed on 07/20/11. Dr. examination is detailed and shows no evidence of either an upper or lower extremity radiculopathy. Based upon the totality of the clinical evidence there is no evidence of an ongoing cervical or lumbar radiculopathy. The reviewer finds that medical necessity does not exist for Outpatient bilateral lower extremities electromyogram/nerve conduction velocity test, and upper extremities nerve conduction velocity test.

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)