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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

One electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities

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

M.D., Board Certified Pain Medicine

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

Official Disability Guidelines and Treatment Guidelines
Request for IRO dated 03/29/12
Utilization review determination dated 02/24/12
Utilization review determination dated 03/12/12
MRI lumbar spine dated 02/01/12
Clinical records dated 02/16/12, 03/01/12
Physical therapy treatment records

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have date of injury of xx/xx/xx. She underwent MRI of lumbar spine on 02/01/12. This study notes loss of disc height at L4-5 and L5-S1. L1-2, L2-3 and L3-4 are reported as normal. At L4-5 there is broad based .5 cm disc herniation indenting the thecal sac resulting in mild spinal canal stenosis. At L5-S1 there is broad based 5 cm disc herniation which indents the thecal sac and touches S1 nerve roots with possible mass effect. Disc herniation and loss of disc height contribute to moderate right and mild left neural foraminal narrowing. On 02/16/12 she was examined by. She presents with complaints of low back pain radiating into bilateral lower extremities left worse than right. She takes Ibuprofen on occasional basis. Pain level is 4/10. She is 63 inches tall and weighs 171 lbs. She is reported to have positive straight leg raise on left. She has sensory loss in lateral foot and tibia. Deep tendon reflexes are 1+ in left ankle and 2+ on right. There is moderate paravertebral tenderness. She was provided Mobic and Flexeril. EMG/NCV of bilateral lower extremities has been recommended and denied.

The request was initially denied because records did not provide objective documentation that the claimant has failed conservative treatment and she further notes additionally the records did not document any formal plan for intervention for which the results of an EMG/NCV may be of benefit.

There was a follow-up visit with on 03/01/12. She continues to have pain and discomfort that radiates down her legs and MRI shows disc protrusions at L4-5 and L5-S1. The provider requested a meaningful peer-to-peer with a board certified neurologist or PMNR physician. He notes that the claimant has had physical therapy and the injury is about three months old she is not feeling any better. Her physical examination remains unchanged.

An appeal request was reviewed by, board certified in physical medicine and rehabilitation. She notes that in acknowledgement of the previous non-certification due to a lack of documentation that the patient has failed conservative treatment and the records did not indicate a formal plan of intervention. She notes that treatment to date has included medication physical therapy and home exercise program. She states that evidence based guidelines do not support the performance of electrodiagnostic studies if radiculopathy is clinically obvious therefore the medical necessity of the request has not been substantiated.

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

Available clinical information indicates the presence of degenerative disc protrusions at L4-5 and L5-S1 resulting in central canal stenosis, mild central canal stenosis at the L4-5 level, and neural foraminal stenosis at the L5-S1 level. Physical examination indicates that the claimant has positive straight leg raise on the left sensory loss in the lateral calf, and foot diminished reflexes on the left, clearly indicating the presence of an active lumbar radiculopathy. As such it is the opinion of the reviewer that the request for one electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities would not be supported as medically necessary under evidence based guidelines as there is clear objective evidence of radiculopathy on physical examination. 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)