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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCS Left lower extremities

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

M.D., Board Certified Neurological Surgery

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

Utilization review findings 02/17/12

Utilization review findings 03/12/12

Insurance Company response regarding disputed services 03/27/12

Peer review Ken Ford, M.D. 02/20/12

MRI lumbar spine 04/20/11

Neurosurgery consultation and follow-up notes, M.D. 01/11/11-02/10/12

Operative report ACDF C3-5 02/10/11

Procedure notes lumbar selective nerve root blocks 07/15/11 and 01/27/12

Operative report L3-4 discectomy 10/10/11

Office note M.D. 02/14/12

Physical therapy progress note and discharge summary 06/21/11-07/12/11

X-ray cervical spine 03/31/11

Dysphagiagram 03/08/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx secondary to a fall. He developed low back pain. The claimant has a history of ACDF C3-5 performed on 02/10/11. On 10/10/11 the claimant underwent L3-4 discectomy for far lateral herniated disc L3-4 on left hand side with L3 nerve root compression. The claimant was seen on 01/11/12 with complaints of low back pain that radiates to left lateral hip extending down into left lateral thigh ceasing at knee area. The claimant is noted to have history of previous L3-4 microdiscectomy. Pain is described as same as he was having prior to surgery. Pain is increased in intensity over past several months. On examination the claimant was noted to be 5'6" tall and 161.6 lbs. The claimant's gait was noted to be somewhat affected by lack of weight he is able to bear on left leg. Station appears normal. Neurologic exam reported cranial nerves II-XII are intact.

Shoulder shrug is symmetric. Motor strength is 5/5 in bilateral upper extremities. There was some noticeable weakness to the left lower extremity. There was some sensory deficit to light touch in left lateral thigh and calf area. Reflexes were somewhat depressed on left hand side. Plantars were flexor. There was no ankle clonus present. The claimant was given injection of Toradol and recommended to undergo nerve root block. Follow-up on 02/10/12 noted the claimant to be two weeks post L3 nerve root block, which provided no relief in symptoms. He complains of low back pain that radiates into left anterior thigh, which has been present since the claimant had L3-4 lateral discectomy. He has been taking Neurontin, which does not seem to be helpful. He also has tried Lyrica in the past without success. On examination the claimant has antalgic gait. He has 4/5 weakness to iliopsoas and quadriceps on left hand side. He has no weakness noted to right lower extremity. He has positive straight leg raise on left hand side.

He has diminished sensation to left anterior thigh to light touch. He has 1+ reflexes to left lower extremity including patella and ankle jerk; 2+ reflexes on right. The claimant was recommended to undergo nerve conduction study of lower extremity to see if there is any nerve compression.

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

The claimant is noted to have sustained an injury on xx/xx/xx. He underwent L3-4 microdiscectomy on 10/10/11. Postoperative MRI of lumbar spine on 11/17/11 revealed L3-4 microdiscectomy with enhancing granulation tissue including left neural foramen and some underlying moderate stenosis due to loss of disc height, mild osteophyte changes and probably some mild residual disc bulge as well, but mostly due to loss of disc height and osteophyte changes in moderate facet arthropathy. There is also moderate foraminal encroachment on the right at this level. There is no spinal canal stenosis seen. There is neural foraminal encroachment demonstrated at L4-5 and L3-4 due to mild and moderate facet arthropathy and mild posterolateral disc bulges. Edema is demonstrated in paraspinal muscles on left centered about the L3-4 region most likely post surgical, cannot exclude muscle strain or myositis. Records note the claimant has had ongoing motor and sensory changes. Progress note dated 12/13/11 indicated the claimant had muscle weakness to iliopsoas and quadriceps on left 4/5 with sensory deficit along left lateral hip and left lateral thigh. Most recent notes from 02/10/12 indicate the claimant continues to have 4/5 weakness of iliopsoas and quadriceps on left as well as diminished sensation to left anterior thigh to light touch. Per Official Disability Guidelines, EMG may be useful to obtain unequivocal evidence of radiculopathy, but EMG is not necessary if radiculopathy is already clinically obvious. Given the current clinical data, it is the opinion of the reviewer that medical necessity is not established for the proposed EMG/NCS Left lower extremities.

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)