

SENT VIA EMAIL OR FAX ON
Jan/20/2012

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EMG with Nerve conduction studies of the bilateral lower extremities as an outpatient

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Orthopedic Spine surgeon, practicing neurosurgeon

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

OD Guidelines
Request for IRO 01/06/12
Utilization review determination 10/31/11
Utilization review determination 10/28/11
Utilization review determination 12/01/11
Clinical records Dr. 09/20/11 through 12/27/11
MRI lumbar spine 08/26/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who's reported to have a date of injury of xx/xx/xx. The first available clinical record is MRI of the lumbar spine dated 08/26/11 which notes susceptibility artifact from hardware in the anterior aspects of L5 and S1. The L5-S1 disc space is completely obscured by susceptibility artifact. L1-2 through L3-4 is reported to be unremarkable. At L4-5 there's mild bilateral neural foraminal narrowing near to facet hypertrophy. On 09/20/11 the claimant was seen by Dr.. He's reported to have low back pain radiating into the bilateral

buttocks hip right anterior thigh and tingling in the right foot. He's reported to have had a discectomy in 2005 with complete relief of his pain. On 07/12/11 he was lifting and pulling machinery at work when he developed back pain. He reports having two weeks of physical therapy after the initial injury. This is reported to have helped mildly. His surgical history is reported to include a carpal tunnel release and a discectomy. On physical examination he's noted to be 6'1" and weigh 262 pounds. He's reported to have paraspinal spasm at L5-S1 right sacroiliac joint tenderness. Knee reflexes are 1+ and symmetrical. Ankle reflexes are 1+ and symmetrical. Strength is graded as 5/5. Sensory is intact. Straight leg raise is negative bilaterally. Gait is normal. He was started on a Medrol DosePak and Ketorolac. He was referred for additional physical therapy. The claimant was seen in follow-up on 09/29/11 and has completed a Medrol DosePak or he has almost completed a Medrol DosePak and he's not started Toradol yet. There is no change in his physical examination. The claimant has L4 radiculopathy and is recommended lumbar epidural steroid injections.

The claimant was referred for EMG/NCV study. The initial review was performed by Dr. Dr. non-certified the request noting MRI does not show any evidence of any acute disc protrusion or evidence of significant nerve root compression. He noted the claimant is on extensive amount of medications. He noted the clinic note dated 09/29/11 did not identify any specific neurologic or orthopedic impairment. He subsequently non-certified the request.

An appeal request was reviewed by Dr. on 12/01/11. Dr. non-certified the request. He noted the claimant's reflexes were symmetrical. Motor strength is 5/5 and MRI revealed only mild foraminal narrowing at L4-5 without evidence of nerve root compression. He notes no objective findings suggestive of radiculopathy and no evidence of nerve root compression. Therefore, the request is non-certified.

On 12/27/11 the claimant was seen in follow-up by Dr.. Detailed physical examination is not documented. The claimant continues to have positive straight leg raise on right and significant paraspinal tenderness on right. The claimant's diagnosis is further updated to indicate he is status post lumbar fusion not discectomy with disc replacement at L5-S1.

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

The request for EMG/NCV study of lower extremities is not supported as medically necessary. The submitted clinical records do not provide detailed physical examination which indicates the claimant has active lumbar radiculopathy. The claimant's MRI shows no evidence of neurocompressive lesions at L4-5 and L5-S1 has previously undergone fusion and not adequately assessed. There is clear lack of correlation between claimant's subjective complaints and objective data. As such the previous utilization reviews were appropriate and are upheld on IRO.

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