

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCV Bilateral LE

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

Board Certified Anesthesiology and Pain Management

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 medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 06/25/12

Utilization review determination dated 03/27/12

Utilization review determination dated 05/01/12

Clinic notes Dr. 12/20/11

Physical therapy treatment records

Urine drug screen dated 01/28/12

Clinic note Dr. 01/28/12-06/19/12

MRI lumbar spine 12/30/11

Urine drug screen dated 04/18/12

Letter of medical necessity 06/07/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx.

It is reported on the date of injury the claimant was on man lift that broke. She is reported to have fallen about 12 feet at that time. She has complaints of low back pain, right shoulder pain. She initially received physical therapy from xxxxxx with some relief. Her physical examination showed no evidence of neurologic compromise. She subsequently was referred to Dr. on 01/28/12. At this time the claimant is noted to have low back pain with radiation into right lower extremity and complaints of right shoulder pain. Her current medications include Ibuprofen. She has undergone MRI of lumbar spine which revealed disc bulge at L4-5 and L5-S1 with mild compression of neural foramina. She is further noted to be morbidly obese and weighs 424 lbs. Her current medications include Lisinopril, Metformin, Glipizide, Allegra, Chantix, and Ibuprofen. On physical examination she is reported to have facet tenderness bilaterally L4-S1. She has abnormal pain upon bilateral active loading. Patrick's and SI shear test are reported to be positive on right. Motor strength is intact. Sensation is intact, and reflexes are 2+ and symmetric. He reported pain with heel walking in right lower extremity and there are reported to be palpable trigger points. She subsequently was recommended to undergo right transforaminal lumbar epidural steroid injection at L4 and L5. She was further provided prescriptions for Skelaxin 800 mg and Naproxen 500 mg. The record includes MRI of lumbar spine dated 12/30/11 which notes loss disc signal at L4-5 with mild ligamentous thickening and mild facet changes. Spinal canal is widely normal in caliber and neural foramina are minimally encroached. At L5-S1 there is advanced loss of disc signal with 1-2 mm disc bulge and mild ligamentous thickening. The spinal canal is widely in excess of cm. There is mild compromise of left and right lateral recesses. The neural foramina appear mildly encroached. Records indicate there was request for EMG/NCS to determine neuropathy versus radiculopathy. The record includes two urine drug screens both of which are reported as negative. The record includes letter of medical necessity which reported the claimant has complaints of low back pain with radiation into bilateral lower extremities left greater than right. It is noted he recently denied EMG/NCV of lower extremity to rule out radiculopathy versus neuropathy. It was noted this was denied due to lack of findings on physical examination. It is reported she once again presents with radicular symptoms with positive straight leg raise on left, positive left greater than right mid-thigh radicular symptoms with associated motor weakness. It is further noted that she was denied in a previous request for the left transforaminal epidural steroid injection at the levels of L5 and S1.

The record contains a clinic note dated 06/19/12. It was reported that the claimant received an EMG and functional capacity evaluation last week. It is reported that continued radicular symptoms are present. Upon receipt of the EMG/NCV interventional procedures would be ordered. She subsequently was provided Neurontin 300mg.

The initial review was performed on 03/27/12 by Dr. . Dr. non-certified the request noting that the claimant is a diabetic with a BMI of 53. He notes that there is a mention of back pain and no clear pain in a radicular pattern. He notes that there are no radicular findings listed on physical examination and therefore non-certified the request.

A subsequent appeal request was reviewed on 05/01/12 by Dr. Dr. non-certified the request noting that electrodiagnostic studies were performed to differentiate between lumbar radiculopathy from possible distal nerve pathology. Suspicion for lumbar radiculopathy would be raised with abnormal neurologic findings such as motor, reflex, or sensation deficit in a dermatomal pattern. She notes that distal nerve compression pathology might be suspected with positive compression tests. She notes that there is consistently a normal neurologic examination. She notes that MRI does not identify a focal neurocompressive lesion and upholds the previous denial.

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

The request for EMG/NCV of the bilateral lower extremities is recommended as medically necessary. The submitted clinical records indicate that the claimant is a very large woman with 424 pounds who sustained a significant fall on her buttocks from approximately 12 feet. She initially presented with low back pain without objective findings on physical examination.

Over the course of time the claimant has developed findings on physical examination suggestive of neural compromise. There are multiple potential causes for this such as peripheral neuropathy secondary to the claimant's type 2 diabetes. In order to further the claimant's care, EMG/NCV studies need to be carried out to differentiate between peripheral neuropathy and the presence of an active lumbar radiculopathy. Of note, the record suggests that the claimant has already undergone EMG/NCV per reported clinic note. However, based upon the information provided, the claimant would meet criteria for the performance of this study in this clinical situation and therefore the prior utilization review determinations are overturned.

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)