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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: June/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EMG/NCS Bilateral Lower Extremity

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
MRI Lumbar Spine 11/16/11
Clinical Notes -- DC 11/30/11 to 01/05/12
Medical Record Review 02/03/12
Clinical Note –MD 02/22/12
Operative Report 04/02/12
Clinical Note –MD 04/25/12
Utilization Review Determination 05/02/12
Utilization Review Determination 05/10/12
Request For Review By Independent Review Organization 05/16/12

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a woman who injured her low back while she was transferring a student from a wheelchair to a mat. An MRI of her lumbar spine was performed . The MRI report documents degenerative disc and facet disease from L2-3 through L5-S1 with broad-based posterior disc bulges and central disc protrusions. There was mild spinal stenosis at L3-4 and L4-5. There was moderate bilateral neuroforaminal narrowing at L5-S1. She had 11 sessions of chiropractic care from 11/30/11 through 01/05/12. She saw Dr. on 02/22/12 with complaints of low back pain with radiation down the right lower extremity rating 5 out of 10. She reported worsened pain with physical therapy and chiropractic care. Physical exam revealed localized pain to the right lower extremity with tension sign and pain radiating down with numbness in the anterior shin and posterior calf region. The right ankle jerk was depressed. Radiographs of the lumbar spine revealed degenerative features of L4-5 and L5-S1. She was assessed with L5-S1 disc protrusion. She was prescribed Lyrica. Right-sided selective nerve root block at L5-S1 was recommended. She had right L5-S1 transforaminal selective root block and epidural steroid on 04/02/12. She saw Dr. on 04/25/12 with

continued pain complaints rating 6 out of 10. The note states that she suffered an allergic reaction to the injection. Physical exam revealed paresthesias and numbness in the lateral aspect of the calf in a S1 distribution and a possible L5 distribution. Electrodiagnostic studies of the lower extremities were recommended. The request for EMG/NCS bilateral lower extremities was denied by utilization review on 05/02/12 as the claimant had negative electrodiagnostic studies on 10/19/11 and 10/20/11, and there was no evidence of progressive neurologic deficit. The request for EMG/NCS bilateral lower extremities was denied again by utilization review on 5/10/12 as the physical exam revealed paresthesias, positive straight leg raise, positive tension sign, and depressed right ankle reflex, and current evidence based guidelines recommend EMG if radiculopathy is not already clinical obvious.

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

The clinical exams provided for review revealed paresthesias and numbness in the lateral aspect of the calf in a L5-S1 distribution as well as reduced reflex in the right ankle consistent with MRI findings. Guidelines do not recommend the use of EMG/NCV studies to confirm a diagnosis of radiculopathy when there is sufficient objective evidence on exam and through MRI studies to support the diagnosis. Therefore, the reviewer finds that medical necessity is not established for EMG/NCS Bilateral Lower Extremity. 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)