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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/15/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

outpatient EMG/NCV of the bilateral lower extremities related to the lumbar spine

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

M.D., Board Certified Orthopedic 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 and Treatment Guidelines
04/04/12 and 04/13/12

Emergency department records dated 10/08/11

Inpatient medical records dated 10/08/11-10/13/11

MRI lumbar spine dated 10/09/11

Operative report dated 10/11/11

Discharge summary dated 10/13/11

MRI lumbar spine dated 12/12/11

Clinic note, D.C. dated 02/23/12-04/04/12

Clinic note Dr. dated 02/02/12

Functional capacity evaluation dated 02/24/12

PATIENT CLINICAL HISTORY SUMMARY

This man sustained work related injuries to his low back. The claimant sought treatment on at the emergency department of University Medical Center of. At this time he presented with low back pain radiating into the right lower extremity described as severe. He has no history of prior back surgery. His past medical history is pertinent for hypertension, asthma and diabetes. The claimant underwent MRI of lumbar spine, which notes a focal disc protrusion with indentation of thecal sac at L4-5 and L5-S1. At L4-5 there is a central disc protrusion producing indentation of thecal sac. There is bilateral facet hypertrophy and thickening of the ligamentum flavum with moderate bilateral neural foraminal stenosis. At L5-S1 there is a right paracentral disc protrusion producing indentation on the thecal sac, bilateral facet hypertrophy is noted. There is moderate bilateral neural foraminal stenosis severe on right and mild to moderate on left. The claimant was taken to surgery by Dr. on 10/11/11. At this time he underwent right L4-5 and L5-S1 microdiscectomy. The claimant was discharged on 10/13/11 with referral to postoperative therapy. The claimant was seen in follow-up by D.C.

on 02/23/12. It is reported the claimant is currently in work conditioning program. He has reduced lumbar range of motion, tenderness over posterior aspect of lumbar spine. The claimant reported improvement with current therapy. He is pending a TBI Hearing. He is noted to be pending a postoperative MRI of lumbar spine and EMG/NCV of lower extremities. On physical examination he has an old vertical 5 cm scar over lumbar spine. He has tenderness, inflammation, swelling in middle portion of lumbar spine. Lumbar range of motion is reduced. Strength testing in right quadriceps is graded as 4-. He is reported to have positive straight leg raise on left as well as right. Reflexes and sensory were not discussed. On 02/24/11 the claimant underwent functional capacity evaluation. He is found to be capable of performance of light physical demand level and was subsequently recommended to participate in work hardening program. The claimant was again seen in follow-up by Dr. on 03/22/12. He is noted to have no substantive changes in his physical examination. Sensory is documented as being decreased in L4, L5 and S1 nerve roots right greater than left. He was recommended to undergo EMG/NCV of lower extremities. Most recent clinic note is dated 04/04/12. There are no substantive changes in reported examination.

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

This man presented to local ER on. MRI showed minimal pathology at L4-5 and L5-S1, yet despite this the claimant was taken to surgery on 10/11/11 at which time he underwent L4-5 and L5-S1 microdiscectomy. Postoperatively the claimant had continued complaints of back pain and lower extremity pain with nonfocal findings on physical examination. There is no clinical indication for performance of EMG/NCV if the evaluation's primary concern was that of radiculopathy. Given that this claimant had undergone surgical intervention, the performance of EMG would not have been of any diagnostic value as the claimant's lumbar paraspinal musculature would be healing from surgical intervention. Given lack of correlation between subjective reports and noting global findings on physical examination that do not correlate with preoperative imaging, and given the history of prior surgical intervention into paraspinal musculature, the reviewer finds the performance of outpatient EMG/NCV of the bilateral lower extremities related to the lumbar spine would not be supported as medically necessary.

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)