

MAXIMUS Federal Services, Inc.
4000 IH 35 South, (8th Floor) 850Q
Austin, TX 78704
Tel: 512-800-3515 ♦ Fax: 1-877-380-6702

Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: APRIL 4, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG/NCV studies of the lower extremities between 2/4/13 and 4/5/13.

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

M.D., Board Certified in Physical Medicine and Rehabilitation.

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)

The requested EMG/NCV studies of the lower extremities between 2/4/13 and 4/5/13 are medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a female with no significant prior medical history who presented to her provider following an injury that occurred on xx/xx/xx while lifting a box from overhead. She sought chiropractic care, which was not sufficient in relieving her pain. Her pain is described as left greater than right leg pain that is radiating and she has limited range of motion. She has been taking up to 20 ibuprofen tablets daily to relieve the pain. Her ability to perform activities of daily living (ADLs) is quite limited. Since her injury, she has gained about 20 pounds. She has also been evaluated by an interventional pain physician and an orthopedic surgeon. The patient had a magnetic resonance imaging (MRI) of the lumbar spine, which was inconclusive for a specific etiology of her pain. Her provider is requesting further work-up with

electromyography/nerve conduction velocity (EMG/NCV) studies.

The URA states that cited guidelines recommend EMG but not the NCV study. The URA indicates that EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy in patients who have had at least one month of conservative therapy. Per the URA, EMGs are not indicated if radiculopathy is clinically obvious.

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

The results from EMG/NCV are used in conjunction with the clinical exam and imaging. An EMG alone cannot diagnose a condition such as a radiculopathy, neuropathy, or plexopathy. The results of the EMG portion of the exam must be examined and compared with the results of the NCV. For example, a radiculopathy may have abnormalities in the sensory nerve action potential and this finding from the NCV would support or change the differential diagnosis. Also, an abnormal EMG cannot diagnose a disease in isolation and the two must be performed together.

This patient has failed conservative therapy, has an equivocal MRI of the lumbar spine, and reports continued pain. Official Disability Guidelines (ODG) guidelines recommend EMG to obtain unequivocal evidence of radiculopathy after one month of conservative therapy. According to the medical literature, the results of the EMG portion of the exam must be examined and compared with the results of the NCV, as an abnormal EMG cannot diagnose a condition in isolation. As such, EMG and NCV are medically necessary to help determine the etiology of the patient's pain. Therefore, I have determined the requested EMG/NCV studies of the lower extremities between 2/4/13 and 4/5/13 are medically necessary for treatment of the patient's medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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 JUDGMENT, 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)

Electrodiagnostic Medicine Textbook; Second Edition. Dumitru, D. et al. 2001.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)