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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Jul/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1 electromyography (EMG) of the Right Lower Extremity

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

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Physical therapy reports dated 07/30/09 – 05/20/11
Clinical notes from Back Institute dated 04/30/09 – 06/12/13
MRI of the lumbar spine dated 05/12/09
Operative report dated 07/07/09
Postoperative radiographs dated 07/07/09 & 07/08/09
Radiographs of the lumbar spine dated 09/21/09
Radiographs of the lumbar spine dated 11/09/09
MRI of the lumbar spine dated 04/11/11
CT myelogram of the lumbar spine dated 06/10/11
Procedure report dated 08/08/11
Operative report dated 11/15/11
Behavioral medicine evaluation dated 08/20/12
Operative report dated 11/20/12
Radiographs of the lumbar spine dated 11/20/12
Prior reviews dated 07/20/13 & 07/05/13
Peer review dated 06/20/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who initially sustained an injury on xx/xx/xx when she slipped and fell. The patient is status post lumbar fusion with prior removal of hardware and exploration of the fusion at L5-S1 in November of 2011 and most recently on 11/20/12. Postoperative

evaluation on 01/04/13 indicated the patient did have improvement of her low back pain following the hardware removal. The patient's physical examination was unremarkable for any neurological deficits. The patient was recommended for an L5-S1 selective nerve root block on the left. Follow up on 01/21/13 stated the patient was continuing to utilize Gabapentin 3 times a day as well as Hydrocodone and Soma for pain control. The patient was taking 100mg Trazadone at bedtime. The patient's physical examination was reported to show good strength in the left gastrocsoleus with loss of sensation to the left lower extremity and the L5 and S1 dermatome. No other significant changes on physical examination were reported. There is a gap in clinical information and the patient was not seen again. until 06/12/13. The patient reported that her leg pain has increased as Gabapentin was discontinued. indicated that the patient continued to have some back and lower extremity pain which required medication management. Physical examination demonstrated tenderness to palpation of the paravertebral musculature of the lumbar spine. Straight leg raise was reported as positive to the right at 75 degrees. There was mild weakness in the right tibialis anterior and extensor hallucis longus. There was continuing loss of sensation in an L5-S1 dermatome. Repeat EMG studies were recommended.

The requested EMG study of the right lower extremity was denied by utilization review on 06/20/13 as the patient had neurological findings consistent with a right sided lower extremity radiculopathy. Prior electrodiagnostic studies did establish evidence of a right L5 radiculopathy and there was no evidence of progressive neurological deficits beyond the L5-S1 level that would support repeat EMG studies.

The request was again denied by utilization review on 07/05/13 as there were no significant changes on physical examination to justify repeat EMG studies.

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

The patient has been followed for a long history of chronic low back and right lower extremity pain following multiple surgical procedures. Per clinical notes, prior EMG studies did reveal a right lower extremity radiculopathy in an L5-S1 dermatome. Based on review of the clinical documentation submitted, the patient's physical examination findings are still consistent with a right lower extremity radiculopathy at the L5-S1 distributions. There is no evidence of progressively worse or new neurological deficits that would signal potential changes requiring further EMG investigation. At this point in time, it is unclear how further EMG studies would provide additional evidence that would reasonably help delineate the patient's continuing treatment. As such, it is this reviewer's opinion that further EMG investigation is not medically necessary and the prior denials are upheld.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES