

# IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Sep/17/2013

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCV Bilateral Lower Extremity and MRI Lumbar Spine

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

Board Certified Orthopedic Surgeon

### 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

Clinical note 09/01/04

Clinical note 07/09/04

Clinical note 08/13/04

Clinical note 09/29/04

Clinical note 11/11/04

Clinical note 12/23/04

CT scan pelvis 07/29/04

Ultrasound scrotum 07/29/04

Clinical note 01/17/05

Clinical note 02/02/05

Clinical note 02/10/05

Clinical note 03/10/05

Clinical note 05/13/05

MRI lumbar spine 09/15/04

Electrodiagnostic studies 02/09/06

Clinical note 05/06/13

Clinical note 06/19/13

Manual muscle test 05/13/13

Clinical note 07/15/13

Manual muscle test 07/15/13

Clinical note 07/15/13

Adverse determinations 07/02/13 and 08/19/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported a long history of low back complaints from an unknown. The clinical note dated 07/09/04 detailed the patient stating that the initial injury occurred on xx/xx/xx. The clinical note dated 05/13/13 detailed the patient undergoing x-ray and MRI of the lumbar spine which revealed a disc bulge at L5-S1. The patient previously underwent epidural steroid injections with some benefit. MRI of the lumbar spine dated 09/14/04 revealed disc protrusion at L5-S1 with disc bulge. The electrodiagnostic studies dated 02/09/06 revealed left sided L5 radiculopathy. The clinical note dated 05/06/13 detailed the patient reporting worsening pain with sitting, squatting, lying, bending, and daily activities. Previous epidural steroid injections provided some benefit. The patient rated his pain as 9/10. Tenderness to palpation was noted at L4-5 and S1. The patient demonstrated 30 degrees of lumbar flexion, 15 degrees of extension, and 10 degrees of bilateral lateral bending. The patient had negative straight leg raise tests. Reflexes were within normal limits. Strength deficits were noted with extensors in the low back and the hip flexors on the left. The clinical note dated 06/19/13 detailed the patient having diminished 1+ reflexes on the left at the left knee and absent reflexes at the ankles. Strength was decreased at the EHL and anterior tibialis on the left. Clinical note dated 07/15/13 detailed the patient continuing with low back pain. Previous utilization review dated 07/02/13 resulted in denial for EMG/NCV of the bilateral lower extremities and MRI of the lumbar spine as no information was submitted regarding completion of any conservative treatment. Previous utilization review dated 08/19/13 for EMG/NCV of the bilateral lower extremities and MRI of the lumbar spine resulted in denial as no significant findings were noted regarding significant pathology or changes in the symptomology. No information was submitted regarding completion of any conservative treatment and objective exam findings were not reported confirming the need for nerve conduction study.

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

Clinical documentation submitted for review notes the patient complaining of a long history of low back pain. EMG of the bilateral lower extremities would be indicated provided that the patient meets specific criteria, including recent completion of conservative treatment. No information was submitted confirming recent completion of any conservative treatment. NCV of the bilateral lower extremities is not indicated as there is minimal justification for performing these studies on the basis of radiculopathy. The patient has complaints of weakness in the lower extremities indicating radiculopathy. An MRI of the lumbar spine would be indicated provided that the patient meets specific criteria, including completion of a one-month course of conservative treatment as recommended by the guidelines. Given that no information was submitted regarding recent completion of conservative therapy, the request is not indicated. Given this and the ongoing complaints of weakness in the lower extremities the request is not indicated. As such, it is the opinion of this reviewer that the request for EMG/NCV of the bilateral lower extremities and MRI of the lumbar spine is not recommended 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)