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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/27/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCV Bilateral Needles LE

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

PM&R

Pain Medicine

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 notes 09/20/13

Clinical notes 10/10/13

Clinical notes 11/11/13

Clinical notes 11/15/13

Clinical notes 12/04/13

X-rays lumbar spine 09/20/13

Physical performance evaluation 10/16/13

Chiropractic therapy notes 09/20/13

Chiropractic therapy notes 09/23/13

Chiropractic therapy notes 09/25/13

Chiropractic therapy notes 09/27/13

Chiropractic therapy notes 09/30/13

Chiropractic therapy notes 10/02/13

Chiropractic therapy notes 10/10/13

Chiropractic therapy notes 10/14/13

Chiropractic therapy notes 10/16/13

Chiropractic therapy notes 10/18/13

Chiropractic therapy notes 10/21/13

Chiropractic therapy notes 10/23/13

Chiropractic therapy notes 10/28/13
Adverse determinations 11/13/13 and 11/25/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his low back. The patient stated that he was unable to straighten his leg all the way. Clinical note dated 09/20/13 indicated the patient complaining of severe low back pain on the left greater than the right rated 9/10. Numbness was noted in the bilateral gluteals. Pain radiated to the left lower extremity with numbness just above the ankle. Upon exam the patient was limping favoring the left lower extremity. Pain was elicited with rotary extension in the lumbar spine. Tenderness to palpation was noted at L4 through S1. Sensation was decreased at the medial leg on the left. Weakness was minimal at the left hamstring. The patient demonstrated 50 degrees of lumbar flexion with 5 degrees of extension. X-rays of the lumbar spine dated 09/20/13 revealed a retrolisthesis of L3 on L4 and 2mm retrolisthesis of L4 on L5 and 1-2mm retrolisthesis of L2 on L3. Clinical note dated 10/10/13 indicated the patient continuing with pain radiating from the low back into the gluteals rated 4/10. Strength deficits continued at the left hamstring. The patient underwent rehabilitative therapy. The patient further stated that he was having difficulty sleeping. Physical performance evaluation dated 11/14/13 indicated the patient feeling discomfort while lifting objects. Clinical note dated 11/11/13 indicated the patient complaining of discomfort with going up or down stairs. Decreased sensation continued in the left medial lower extremity. Chiropractic therapy note dated 10/28/13 indicated the patient completing 12 chiropractic therapy sessions to date. Clinical note dated 11/15/13 indicated the patient being recommended for EMG/NCV. Utilization review dated 11/13/13 resulted in denial, as the current request was not consistent with the evidence provided in order to meet guideline recommendations. Utilization review dated 11/25/13 resulted in denial for EMG/NCV as no objective findings were identified supporting the request.

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 low back pain radiating to the left lower extremity. EMG/NCV would be indicated provided that the patient meets specific criteria, including completion of a full month of conservative treatment. However, NCV is not recommended on the basis of radiculopathy as there is minimal justification for performing these studies when radiculopathy has been identified. The clinical evaluation indicated the patient having complaints of decreased sensation as well as strength deficits in the lower extremities. As such, it is the opinion of this reviewer that the request for EMG/NCV of the bilateral lower extremities is not recommended as medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES