

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** DECEMBER 16, 2013

**IRO CASE #:**

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

Medical necessity of proposed Nerve Conduction Study/ EMG bilateral lower extremities (95861, 95912)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic Medicine and Orthopedic surgery and is engaged in the full time practice of 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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.2	95861		Prosp	1			Xx/xx/xx	xxxxx	Upheld
724.2	95912		Prosp	1			Xx/xx/xx	xxxxx	Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 337 pages of records received to include but not limited to: letters 3.5.13-12.3.13; report, 11.18.13, 11.20.12; Notice of Utilization Review 9.10.13, 6.24.13; report, 7.24.13, 9.10.13; report, 10.15.13; records, 8.20.12; DWC forms; DDE report 8.13.13; EMG/NCV report 8.9.13; Clinic records 10.2.12-7.17.13; MRI Lumbar Spine 9.11.12; Physical Therapy notes 10.29.12-11.2.12; letter 12.14.12; UR determination report; TDI letter 11.25.13; IRO request forms

Requestor records- a total of 36 pages of records received to include but not limited to:

TDI letter 11.25.13; records 10.2.12-11.1.13; EMG/NCV report 8.9.13; MRI Lumbar Spine 9.11.12; records, 8.1.12-9.14.12; Physical Therapy notes 10.04.12-11.2.12

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a gentleman who is seen with a history of falling down stairs. He complained of back pain and right lower extremity pain. He had dorsal foot and toe numbness. He described the pain as numbness, tingling, electrifying, piercing, stabbing, sharp and excruciating. The patient had an MRI of the lumbar spine and there was 1. Mild facet degenerative changes. 2. Mild disc degenerative changes at the levels of L3-L4 and L4-L5.

The patient had 2 epidural steroid injections which failed to relieve his pain. He was treated with Lyrica which was helpful.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Regarding the question of the medical necessity of electrodiagnostics studies, Per ODG:

EMG's (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 4-8 weeks conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

The patient had physical examination findings was seen to be consistent with radicular components. The patient responded to Lyrica. However, attempts to further relieve the pain with epidural steroids failed. The MRI did not provide information to document radiculopathy. The patient's symptoms continued.

Nerve conduction studies (NCS)

Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ([Utah, 2006 <Carpal Tunnel.htm>](#)) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. ([Al Nezari, 2013](#)) See also the [Carpal Tunnel Syndrome Chapter <Carpal Tunnel.htm>](#) for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

According to TDI requirements, the request was for NCS/EMG together as one component. Therefore, the IRO review must review it as one component. Given that the NCS is not indicated according to ODG, the denial is upheld for Conduction Study/ EMG bilateral lower extremities (95861).

**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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)