



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 5/26/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of EMG, nerve conduction studies of lower extremity.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehab.

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 reviewer agrees with the previous adverse determination regarding the medical necessity of EMG, nerve conduction studies of lower extremity.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

A copy of the ODG Guidelines was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this injured worker was injured on xx/xx/xx. He reportedly twisted his lower back and injured his left shoulder. He has had extensive

treatment of his left shoulder injury which was characterized as arthrosis and a rotator cuff tear. Treatment for the shoulder included two surgical procedures as well as extensive physical therapy. Following his initial injury, the injured worker reported lower back pain and was diagnosed with a low back strain. He apparently reported resolution of symptoms to his treating physician on or about February 24, 2012. On June 14, 2012, the injured worker complained again of lower back pain and physical therapy was recommended. The injured worker was taken off of work, treated with medication, and given physical therapy and a home exercise routine. His lower back symptoms were persistent although they apparently varied in intensity. MRI studies performed on the lower back on August 27, 2012 showed multilevel degenerative disk disease and spondylosis, most prominent at L4-5 and L5-S1 without central canal stenosis. Mild bilateral neural foraminal stenosis was noted, greater on the left than the right at L4-5. There was mild to moderate right neural foraminal stenosis at L5-S1. The injured worker had a designated doctor evaluation on October 12, 2013. This was performed. noted that the injured worker was complaining of lower back pain radiating down the left lower extremity with constant numbness and tingling on the left. The right lower extremity had similar findings, but they were not as prominent on the right as on the left. documented decreased range of motion of the lower back, 3+ and symmetrical knee jerks, and 1+ and symmetrical ankle jerks. He documented 1.5 cm atrophy of the left calf as compared to the right. He diagnosed radiculitis on the left, supported by the atrophy described above. The last clinical evaluation available in the medical record was performed on March 27, 2014. concluded that the injured worker continued to report signs and symptoms of an S1 radiculopathy, left greater than right. He did note that MRI findings indicted more pathology on the right than the left. He recommended EMG and nerve conduction studies in order to obtain more conclusive evidence of radiculopathy and he also recommended selected nerve root blocks bilaterally at S1. Two requests for EMG and nerve conduction studies were presented and both were denied by reviewers.

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

This worker sustained a documented injury to his lower back in a work-related accident on xx/xx/xx. He initially had lower back symptoms and was diagnosed with a lumbar strain. His initial symptoms improved but did recur. He was treated with physical therapy, medications, a home exercise program, and activity restrictions, but continued to complain of lower back pain radiating down the left lower extremity with associated tingling and numbness in his foot. He had similar symptoms on the right, but they were not as severe on the right as the left. MRI studies were performed and showed degenerative disk disease and neuro foraminal stenosis. The injured worker's physical exam showed limited range of motion of the lower back, symmetrical reflexes, but decreased ankle reflexes as compared to the knee reflexes, and 1.5 cm atrophy of the left calf as compared to the right. It was noted that the injured worker's MRI studies showed that MRI findings were more prominent on the right than the left. The record indicates that the injured worker is a diabetic. This injured worker's most recent treating physician concluded that he had a bilateral S1 radiculopathy but evidence in the medical record is not conclusive of that diagnosis. For that reason, the treating physician requested EMG and nerve conduction studies. ODG Treatment Guidelines state that EMG is useful to obtain unequivocal evidence of radiculopathy after one month of conservative

treatment. The patient has received more than one month of conservative treatment as noted above, but he continues to have symptoms. His clinical findings do not conclusively diagnose a radiculopathy. This situation is further complicated by the injured worker's diabetes which could lead to a peripheral neuropathy which might produce tingling and foot numbness described by the injured worker. EMG and nerve conduction studies would be medically necessary to obtain objective evidence of radiculopathy and rule in or out other problems such as a peripheral neuropathy which could complicate the clinical picture and lead to difficulty with accurate diagnosis.

VI. Reference:

ODG Treatment Guidelines

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 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)