

# Pure Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jun/04/2014

**IRO CASE #:**

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

Electrodiagnostic studies- 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 PM&R

**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:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who sustained an injury on xx/xx/xx. The patient was followed for complaints of low back pain radiating to the right lower extremity. Conservative treatment included medications and physical therapy. MRI of the lumbar spine on 01/16/14 noted shallow 2mm disc bulge slightly effacing the thecal sac at L4-5 without neural foraminal stenosis. Otherwise no abnormal findings were apparent. The patient was followed through 04/11/14. physical examination findings noted positive straight leg raise to the right. No motor weakness was noted. The patient was seen on 04/16/14 with continuing complaints of persistent low back pain radiating through the right lower extremity. The patient had one epidural steroid injection to date with no relief. On physical examination positive facet loading maneuvers were present. No neurological deficits were identified. Electrodiagnostic studies were recommended due to the lack of response to epidural steroid injections despite radicular symptoms. The request for EMG of the right lower extremity was denied by utilization review on 04/08/14 as there was no clear documentation for the need of the study with minimal positive physical examination findings. The request was again denied by utilization review on 04/28/14 as the diagnosis of an L5-S1 radiculopathy was already present.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND**

**CONCLUSIONS USED TO SUPPORT THE DECISION:**

The patient has been followed for complaints of persistent right low back right sided low back pain radiating to the right lower extremity. MRI of the lumbar spine noted degenerative disc disease and shallow disc bulging at L4-5 slightly contacting the thecal sac without evidence of neural foraminal stenosis. physical examination findings noted positive straight leg raise to the right. The symptoms were consistent with L5 radiculopathy in the right lower extremity. was also able to reproduce positive straight leg raise affecting the right lower extremity. The patient had one epidural steroid injection without response to date. Given the unclear presentation of the patient a right lower extremity EMG to rule out radiculopathy would be beneficial and would help delineate the overall treatment program. Therefore it is the opinion of this reviewer that there is sufficient evidence to support EMG of the right lower extremity at this time. As such the prior denials are overturned.

**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**