



Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW: 03/17/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat bilateral legs EMG/NCV study

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

Board Certified in Orthopedic Surgery

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 or not medical necessity exists for each of the health care services in dispute:

- Repeat bilateral legs EMG/NCV study - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant had a slip and fall injury on xx/xx/xx. She was diagnosed with a right knee sprain, thoracic sprain, left hip strain, and a lumbar strain. She has received conservative treatment to include PT, aquatic therapy, prescription medication, ESIs, and diagnostics of MRI and EMG/NCV. Records indicate she has had three prior back surgeries, in the 1990s and 2006, and is diagnosed with post-laminectomy syndrome. Records also indicate additional diagnoses of cervical myelopathy, Sjogren's disease, and carpal tunnel syndrome.

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

The medical records provided did not document new or worsening findings since the previous electrical study that would support a repeat study within ODG recommendations. Therefore, the request for a bilateral EMG/NCV of the lower extremities is not medically necessary within ODG guideline recommendations, which is in line with the denial of 01/21/15. It was noted within the records that the claimant had been advised to not have any more surgery, epidural steroid injections had not been helpful, the chronic L4, L5, S1 radiculopathy was unchanged, and physical exam was not included with the provided records that would support this request. The appeal determination on 01/29/15 noted, after discussing the case there was no physical examinations provided for review indicating radicular symptoms being present. The MRI noted no significant change and, at this time, the records provided for my review did not contain information that would support a determination other than that from the prior Peer Reviews.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**