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## **Notice of Independent Review Decision**

**Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Orthopedic Surgery

**Description of the service or services in dispute:**

EMG/NCS for bilateral lower extremity

**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)

**Patient Clinical History (Summary)**

The patient is a male who was initially injured on xx/xx/xx and followed for continuing post-laminectomy syndrome following prior lumbar fusion. The patient had spinal cord stimulator implanted. The patient was followed for ongoing chronic complaints of low back pain radiating to the lower extremities. Last imaging studies were from 2013 were from 2012 evaluating the stimulator lead placement. No further imaging studies were available for review after 2012. Clinical record on 08/04/14 noted persistent complaints radiating to the right lower extremity. Patient described difficulty with ambulation. No specific physical examination findings were noted at this visit. The most recent record on 01/09/15 noted severe right lower extremity pain that was worsened with any physical activity. The patient had radiographs of the lumbar spine showing no evidence of hardware failure. No calf tenderness was present on physical examination. Strength was intact in the upper extremities and lower extremities and there was no evidence of hyperreflexia. EMG was recommended to assess for peripheral versus lumbar nerve compression. CT myelogram was also recommended to assess for any further pathology causing nerve root compression. The requested EMG/NCS of the lower extremities was denied on 01/23/15 as there was recommendation for partial certification. Peer to peer discussion did not appear to occur and partial certification could not be completed. The request was again denied on 01/30/15 indicating guidelines did not recommend NCS.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The patient was followed for chronic complaints of low back pain radiating to the lower extremities. reported persistent and worsening pain in the right lower extremity. Updated imaging studies were recommended for the lumbar spine to determine the extent of any further nerve compression. Clinical documentation did not include any updated imaging studies of the lumbar spine that were either primarily non-diagnostic or did not correlate with physical examination findings which were not which did not demonstrate any focal neurological deficits. Without updated imaging studies and as guidelines do not recommend NCS in assessing for patient in assessing radiculopathy in patients presumed to have this condition it is the opinion of this reviewer that medical necessity for the request is not established and prior denials are upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines

- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
  
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)