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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG-NCV right lower extremity

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was at work when he slipped on a wet/slippy floor and his feet went out from underneath him causing him to fall. He landed on his back and head. He had no loss of consciousness (LOC). He felt dazed and strange. He was able to get up.

On XX/XX/XX, the patient was seen and evaluated at emergency room (ER) for complaints of headache, nausea, sensitivity to light and sound. The patient also reports neck stiffness and occasionally numb sensation in the finger sometimes second digit, sometimes fourth or fifth digit. On examination, the patient reported numbness sensation in the fourth and fifth digit with Tinel's sign at wrist. Computed tomography (CT) scan of the head and cervical spine was obtained. The patient was diagnosed with cervical strain and closed head injury. The patient was discharged on ibuprofen and Flexeril.

On XX/XX/XX, computed tomography (CT) scan of the head was normal for age. CT cervical spine was normal.

On XX/XX/XX, the patient returned for headache with radiation to the neck. Preceding symptom was visual disturbance. Associated symptoms included nausea, dizziness, and neck pain. The patient also reported some ringing in his ears and difficulty sleeping. On examination, the patient had right-sided paraspinal tenderness in the neck. The patient had no neurological deficits. The diagnoses were post concussion syndrome and headache. In the emergency department, the patient was treated with IV fluids, Reglan and Benadryl. The patient reported feeling anxious and he was prescribed Valium.

On XX/XX/XX, the patient was seen at Emergency Room. Magnetic resonance imaging (MRI) of the cervical spine was obtained. The study was negative

On XX/XX/XX, the patient was seen. The patient reported cervical spine pain, right shoulder pain, lumbar spine pain, and left shoulder pain. He had associated numbness of the right hand. On examination, the patient was able to move with slight difficulty. He was able to walk with slight difficulty. Range of motion (ROM) of the neck was limited. The patient had pain to palpation over the neck. Examination of the thoracic spine showed a deformity over the thoracic region. Lumbar spine examination was notable for

deformity over the lumbar spine, limited ROM, pain to palpation over the back and pain with motion of the back. Right shoulder examination showed deformity over the shoulder, pain to palpation over the shoulder and limited ROM. XX diagnosed concussion without loss of consciousness, sprain of ligaments of cervical spine, right shoulder impingement syndrome, contusion of lower back and pelvis. XX placed the patient off work and referred him to neurology, psychology, and balance therapy.

During a follow up visit the patient reported unrelenting neck pain, right shoulder pain with associated popping, thoracic spine pain, and lumbar spine pain. On examination, the patient was able to move with slight difficulty. He was able to walk with slight difficulty. Range of motion (ROM) of the neck was limited. The patient had pain to palpation over the neck. Examination of the thoracic spine showed a deformity over the thoracic region. Lumbar spine examination was notable for pain to palpation over the bilateral lumbar paraspinous regions, pain with motion of the back. Right shoulder examination showed deformity over the shoulder, pain to palpation over the shoulder and limited ROM. XX recommended evaluation by neurology, psychology and vestibular physical therapy. The patient was maintained off work. The patient was referred to XX for EMG/NCV of right upper and right lower extremities.

On XX/XX/XX, urine drug screen was negative.

On XX/XX/XX, XX submitted authorization request for EMG/NCV for right upper and right lower extremities with consultation. On XX/XX/XX, XX performed initial review and approved the request for EMG-NCV of right upper extremity. The request for EMG-NCV of right lower extremity was denied with the following rationale: *“Applicable clinical practice guidelines support electrodiagnostic testing to help confirm the diagnosis and help establish the severity of peripheral nerve compression such as carpal tunnel syndrome in the upper extremity and to assist in treatment decisions. This individual has had complaints of head and neck pain after a fall and associated numbness and weakness in right hand digits with positive Tinel response at the wrist on one of several examinations and a cervical MRI for right arm weakness did not demonstrate any abnormality, so the requested right upper extremity EMG-NCV is medically appropriate to help with the diagnosis and further treatment. Applicable clinical practice guidelines support EMG but not NCS to help with the diagnosis of reasonably suspected lumbar radiculopathy that persists after acute treatment. This individual slipped and fell several months ago and hit his head and reported multiple injuries and complained of low back pain without radicular or other lower extremity neurological symptoms and there is no detailed neurological examination of the lower extremity to correlate with and certify the validity of electrodiagnostic findings so the medical necessity for EMG-NCV of the right lower extremity is not clearly established.”*

On XX/XX/XX, on behalf of the patient Attorney requested a reconsideration of the non-authorization for the EMG-NCV right lower extremity.

On XX/XX/XX, XX performed a reconsideration review and upheld the denial. Rationale: *“There is lack of detailed neurological examination of the lower extremities to correlate with validity of electrodiagnostic study. There is lack of specific neurological findings in either lower extremity. In the case discussion XX he noted that currently the patient’s findings in the lumbar spine were decreased motion with tenderness to palpation. As such, an electrodiagnostic study would not be medically indicated within ODG recommendations, at this time. As such, the request is not certified.”*

On XX/XX/XX, Attorney submitted request for review by an independent review organization (IRO).

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

There is no objective evidence in the medical records received to support a lumbar radiculopathy. There is not a detailed neurologic examination identifying a radiculopathy. In addition, ODG clearly does not recommend NCV studies for a lumbar radiculopathy. Therefore, the decision should be upheld.

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

X **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**