



## CompPartners Final Report



CompPartners Peer Review Network  
Physician Review Recommendation  
Prepared for TDI/DWC

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-0475-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Cotton Merritt, DC  
**Review:** Chart  
**State:** TX  
**Date Completed:** 1/30/06

### Review Data:

- Notification of IRO Assignment dated 12/21/05, 1 page.
- Receipt of Request dated 12/21/05, 1 page.
- Medical Dispute Resolution Request dated 12/2/05, 2 pages.
- List of Treating Providers (date unspecified), 1 page.
- Table of Disputed Services (date unspecified), 1 page.
- Non-Authorization After Reconsideration Notice dated 11/16/05, 10/27/05, 4 pages.
- Patient History and Examination dated 10/24/05, 8/4/05, 8/3/05, 4/11/05, 3/28/05, 12/20/04, 13 pages.
- Report of Medical Evaluation dated 8/4/05, 1 page.
- Progress Notes dated 5/6/05, 5/5/05, 5/4/05, 5/3/05, 4/28/05, 4/27/05, 4/26/05, 4/25/05, 4/21/05, 4/20/05, 3/29/05, 3/23/05, 3/21/05, 3/18/05, 3/17/05, 3/14/05, 3/11/05, 3/9/05, 3/7/05, 3/2/05, 2/28/05, 2/25/05, 2/22/05, 2/18/05, 2/16/05, 2/14/05, 1/26/05, 1/24/05, 28 pages.
- Request for Reconsideration dated 4/11/05, 1 page.
- Preauthorization Form dated 3/28/05, 1 page.
- Order for Payment of Independent Review Organization Fee (date unspecified), 1 page.

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for lower extremity electromyogram/nerve conduction velocity (EMG/NCV) study.

**Determination:** UPHELD - previously denied request for lower extremity electromyogram/nerve conduction velocity (EMG/NCV) study.

### Rationale:

**Patient's age:** 63 years  
**Gender:** Female

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**Date of Injury:** \_\_\_\_

**Mechanism of Injury:** Not stated for this review.

**Diagnoses:** Lumbar intervertebral disc disorder without myelopathy, lumbar sprain strain, post lumbar decompression surgery on 10/27/04.

The patient is now approximately two years and six months post injury status, and approximately one year and three months post surgery to the lumbar spine. She has been treating with a chiropractic provider, Cotton Merritt, DC. She was provided a DRE category 2, radiculopathy impairment rating, with a 10% whole person impairment rating and statutory maximum medical improvement (MMI) on 7/5/05. The clinical notes submitted from this provider on 8/3/05, indicated that he was referring the patient for pain management for persistent symptoms of low back pain with spasms. She had positive Valsalva's on that date, positive straight leg raise on the right at 50 degrees, Manual muscle testing was 5/5, and reflexes were normal. There was some L5-S1 noted hypoesthetic area on the right side (no specifics as to how far on the lower extremity or specific areas). Dr. Cotton then re-examined the patient the next day, on 8/4/05, and again documented normal reflexes and same hypoesthetic area, but also documented 4/5 muscle strength of the tibialis anterior and extensor hallicus longus, with flexion noted as 35 degrees and continued positive orthopedic testing of straight leg raise on right at 50 degrees and Valsalva's.

The last note was dated 10/24/05 and noted positive straight leg raise at 40 degrees, diminished patellar reflex at ¼ on the right, and hypoesthetic area at L4-5 on the right instead of L5-S1. Muscle testing was still 4/5, and range of motion was flexion to 30 degrees. The patient was complaining of moderate pain in the low back, with weakness and numbness in the right lower extremity, with no specifics. She was unable to return to work, and any weight bearing positions increased her symptoms. A past peer review performed on 10/27/05, indicated that the claimant has just had a repeat EMG/NCV study of the lower extremities on 2/10/05, which was negative, and again no evidence of re-injury was documented. He also identified a recent repeat MRI study of the lumbar spine was performed on 8/18/05, which revealed severe spinal fibrosis at L5, and the recommendation from the pain management specialist, was for L5 neuroplasty. The pain management doctor had requested this repeat MRI study but did not request a repeat EMG/NCV study.

The current request is to determine the medical necessity for a lower extremity EMG/NCV study. The medical necessity for this repeat EMG/NCV study was not found. There was no identifiable re-injury stated, the patient's MRI of the lumbar spine on 8/18/05, identified the severe fibrosis found at L5, and the pain management doctor recommended L5 neuroplasty. The patient had some weakness noted at 4/5 however, this could be a somewhat subjective finding, and the dermatomal pattern of hypoesthetic findings was not consistent. On 8/4/05, there were hypoesthetic areas of L5-S1 on the right, and then on 10/24/05, the hypoesthetic area was the L4-5 right side area. This reviewer finds that since the organic pain generator was identified on the repeat MRI study on 8/18/05, this should be sufficient at this point, as there likely would not be any anticipated benefit with additional testing, and the MRI study would take precedence over an EMV/NCV study of the lower extremities, especially since a recent study on 2/10/05, was

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negative, and there was no evidence of re-injury. Additionally, there does not appear to be consistent red flag indicators to warrant another repeat study. This patient had been afforded a recent EMG/NCV study and, therefore, with reference to the Texas Board of Insurance rules and regulations, she has been afforded the testing required for medical necessity and no further testing is indicated at this time, with the documentation received for this review.

**Criteria/Guidelines utilized:** TDI/DWC rules and regulations.  
ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapter 12.

**Physician Reviewers Specialty:** Chiropractic

**Physician Reviewers Qualifications:** Texas Licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.**

Your Right to Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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