



17119 Red Oak Rd
Unit# 90333
Houston, TX 77090
281-836-6171

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Exhibit 1: X Request for a Review by an IRO

Exhibit 2: X TDI-DWC - Documentation Submitted by the Injured Employee

Exhibit 3: X XX Notice of Preauthorization Adverse Determination and Rationale letter ODG- X (updated X)- Online Version - Electrodiagnostic studies (EDS).

Criteria was included for review.

Exhibit 4: X XX Notice of Reconsideration of Preauthorization Appeal Determination Denial and Rationale for electromyography and nerve conduction velocity (EMG/NCV) studies.

Official Disability Guidelines (ODG), Treatment Index, 17th Edition (web), 2019, Pain, Electrodiagnostic testing (EMG/NCS)- Criteria, was included for review.

Exhibit 5: X MRI of the X report

Exhibit 6: X EMG/NCS Study of the X report issued by X, MD

Exhibit 7: X Operative Report for X (X) both performed by X, MD

Exhibit 8: Medical Evaluation Notes issued by X, MD with X XX & XX XX (X)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained injury to X X on X while X. X was diagnosed with X and X pain. X was subsequently treated with X program, X, X.

MRI of the X dated X revealed X. No evidence of X, X, or severe X. X and X. X endplates. Multilevel X. No impressive X or advanced X. X.

Clinic visit dated X by Dr. X revealed patient reported X pain that was X and X. X was taking X. X reported moderate pain, X, and complained of X and X pain in X. X reported pain X. Review of systems was X. Physical exam findings revealed X test. Recommendation was made for EMG and potential X.

EMG/NCS by Dr. X dated X revealed X.

Follow up clinic visit dated X revealed no change in physical exam findings. Provider reviewed EMG findings with patient. Provider recommended proceeding with X.

Follow up clinic visit dated X revealed physical exam findings unchanged with exception of X. Patient referred for X. Operative report dated X revealed successful X.

Follow up clinic visit dated X revealed pain relieved after X. No change in physical exam. Patient returned to light duty. Follow up clinic visit dated X) revealed no change in exam and continued patient on light duty.

Follow up clinic visit dated X revealed patient reported recurrence of X pain. No change in physical exam findings. Provider recommended X. Operative report dated X revealed successful X. Follow up clinic visit dated X revealed no change in exam findings. Patient improved after X and recommended follow up as needed.

Follow up clinic visit dated X revealed patient reported pain returned at X pain scale. No change in physical exam findings which was X. Provider recommended X for further evaluation.

The request for X underwent initial denial on X and subsequent appeal denial dated X and X secondary to insufficient objective physical findings supporting the need for X.

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

According to Official Disability Guidelines (ODG), electrodiagnostic testing should be medically indicated to rule out X. In this case, the patient had subjective complaints for X pain and X -type pain into the X. However, physical exam findings at the initial visit and all follow up visits were documented as X. Although there was X noted by MRI at X, there were no corresponding physical exam findings to support the need for X studies of the X. Given the lack of any documentation of objective physical findings indicative of X, the medical necessity of X has not been established. Thus, the previous adverse determination is X and the request is non-certified.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

XX XX (updated 7/12/2019)

Electrodiagnostic studies (EDS)

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