

## True Resolutions Inc.

### *Notice of Independent Review Decision*

Case Number:

Date of Notice: 7/8/2019 6:03:50 PM CST

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True Resolutions Inc.  
An Independent Review Organization  
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**INFORMATION PROVIDED TO THE IRO FOR REVIEW:** • Notice of Disputed Issue(s) and Refusal to Pay Benefits –X

- Clinical Records –X
- Peer Review Reports –X
- Utilization Reviews –X
- Diagnostic Data Reports –X

**PATIENT CLINICAL HISTORY [SUMMARY]:** X is a X who sustained an industrial injury on X. X reported that X X. The ongoing diagnoses included X pain. X was seen by X, MD on X for a recheck of the X. X was status X on X. X had experienced some increasing symptoms. X had some increasing numbness in the X on the X. The pain was worse with X. On examination, there was well-X. There was some mild tenderness in the X region. The sensation was diminished in the X. X, MD evaluated X on X for X pain and X. The pain was X. X had minimal feeling of either X by history. X was status X on X. On examination, the sensation was significantly reduced from approximately X distally. It was quite difficult for X to X. It was with great difficulty that X was able to X against resistance. X had some X. X had decreased X. An MRI of the X dated X showed X. A CT scan of the X XX dated X revealed status X, X. Postoperative changes were seen in the X region making it difficult to evaluate whether there was X. Postoperative changes in the X causing X. There was X, minimal amount of X. The treatment to date included medications (X), X without relief, X with some transient relief, but without lasting benefit, and X. Per a utilization review decision letter and a peer review report by X, DO dated X, the request for X was not certified. Rationale: "It was noted at this

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time the patient was being sent for consultation and there was no need at this time for the X. ODG does not recommend nerve conduction studies and workup of radiculopathy and with this being a Texas case that cannot be modified without a peer-to-peer agreement the requested EMG and nerve conduction study of the X is not medically necessary.” Per a peer review report dated X and utilization review decision letter X, the request for EMG and nerve conduction study of the X was denied. Rationale: “The medical records did not document if the MRI had been performed as recommended by Dr. X. ODG does not recommend a NCV for a work-up for X and this is a Texas case that cannot be modified without a peer-to-peer agreement. As so, this request cannot be supported at this time. Therefore, the request for X is not medically necessary.”

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

Based on the clinical information provided, the request for EMG and nerve conduction study of the X is not recommended as medically necessary, and the previous denials are X. Per a utilization review decision letter and a peer review report by X, DO dated X, the request for EMG and nerve conduction study of the X was not certified. Rationale: “It was noted at this time the patient was being sent for consultation and there was no need at this time for the EMG and NCS of the X. ODG does not recommend nerve conduction studies and workup of X and with this being a Texas case that cannot be modified without a peer-to-peer agreement the requested EMG and nerve conduction study of the X is not medically necessary.” Per a peer review report dated X and utilization review decision letter X, the request for EMG and nerve conduction study of the X was denied. Rationale: “The medical records did not document if the MRI had been performed as recommended by Dr.X. ODG does not recommend a NCV for a work-up for X and this is a Texas case that cannot be modified without a peer-to-peer agreement. As so, this request cannot be supported at this time. Therefore, the request for EMG/NCV for the X is not medically necessary.” There is

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insufficient information to support a change in determination, and the previous non-certification is upheld. There is no documentation of a sensory or motor deficit in a X. The patient underwent recent MRI of the X XX. It is unclear how the performance of EMG/NCV would alter the patient's treatment plan at this time. The Official Disability Guidelines do not recommend NCV for work up of X. Given the documentation available, the requested service is considered not medically necessary in accordance with current evidence-based guidelines and the request is X.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

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- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL