IRO America Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW:
JUNE 29, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
EMG of (Left, Right) upper extremities

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
MD Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Emergency Department report, 04/12/06
Cervical spine MRI, 04/12/06, 12/08/06
Cervical spine CT scan, 04/12/07, 08/17/06 and 01/10/07
Office notes, Dr. 05/05/06 and 12/18/06

Cervical spine x-rays, 06/15/06, 08/17/06
Lumbar spine MRI, 06/15/06
Note, PAC for Dr. 07/10/06
Lumbar spine epidural steroid injection, 08/25/06, 10/06/06 and 02/02/07
Office note, Dr. 01/02/07
Notes, 05/02/07 and 05/14/07
Medical Articles
Abdominal CT scan, 04/12/07
Brain CT scan, 04/12/06
Consent
Work, 01/17/07
Request for IRO 06/05/07 and 06/18/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was the restrained driver of a truck involved in a rollover accident. He was seen in the emergency department for neck and right shoulder pain. A CT of the cervical spine showed comminuted fractures of the facet and lamina of C6, a non-displaced fracture of the posterior element of C6 and anterior subluxation of C6 on 7. This was also seen on MRI

The claimant was seen by Dr. on 05/05/06 for neck pain with radiation into the right arm and associated weakness, numbness and tingling. On examination right triceps strength was 4/5 and there was decreased sensation of the right 1st and 2nd digits. The claimant also reported low back pain and was treated for that over the course of the records.

06/15/06 x-rays of the cervical spine showed significant anterolisthesis of C6 on 7 and disc space narrowing. There was a healing or healed fracture of the C6 pedicles. A 08/17/06 CT of the cervical spine documented minimal anterolisthesis of C6 on 7 with marginal osteophytes and no significant stenosis. The 08/17/06 x-rays of the cervical spine showed a 2-3 millimeter anterolisthesis of 6 on 7 unchanged in flexion and extension.

A 12/08/06 MRI of the cervical spine documented 2 millimeter of anterolisthesis of C6 on 7 with minimal deformity of the thecal sac. Small posterior disc bulges at C5-6, 6-7 and C7-T1 with minimal deformity of the thecal sac were also noted. On 12/18/06 Dr. evaluated the claimant for ongoing neck and right arm pain into the 1st and 2nd digits. On examination there was right triceps strength of 4/5 with decreased sensation in the digits. The impression was neck and right arm pain with a right C6 radiculopathy. Dr. recommended upper extremity EMG/NCV testing for the radiculopathy.

On 01/02/07 Dr. evaluated the claimant for right neck pain with restricted motion, numbness of the right middle and ring fingers, elbow pain, pain in the right shoulder rand low back and difficulty using hands for strength such as a jar. On examination upper extremity reflexes and strength were normal. Right grip strength was decreased with pinprick intact. No spasm was present. Dr. recommended EMG of upper and lower extremities to complete his care for the right cervical radiculopathy. The 01/10/07 CT of the cervical spine showed a 3-4mm subluxation of C6 on 7 with anterior fusion of the disc space, mild narrowing and no change with flexion/extension. The fracture was healed.

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

Peer review of the medical records provided show that this claimant had fractures of the neck at C6-7 based on MRI and CT evaluations of April 12, 2006. He was treated with conservative measures and had persistent complaints of pain in the neck and pain into the arm with numbness and vertigo, weakness and decreased sensation. The physician wanted to get an EMG to quantitate the C6 radiculopathy per Dr.'s note of 01/02/07. This appears to be reasonable and medically necessary. Thus the Reviewer disagrees with the determination of the Insurance Carrier.

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
- ☐ AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines Treatment in Worker's Comp2007 Updates, Neck and Upper Back-EMG

- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES

- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)