

Notice of Independent Review Decision

DATE OF REVIEW:

02/04/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral upper and lower extremity electromyogram/nerve conduction velocity studies (EMG/NCV).

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

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

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.

Bilateral upper and lower extremity electromyogram/nerve conduction velocity studies are not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 01/28/08
- MCMC Referral dated 01/28/08
- Letter dated 01/29/08
- DWC: Notice To MCMC, LLC Of Case Assignment dated 01/28/08
- DWC: Confirmation Of Receipt Of A Request For A Review dated 01/25/08
- LHL009: Request For A Review By An Independent Review Organization dated 01/22/08
- Letters dated 01/15/08 (two) from Review Nurse
- DNI: Pre-Authorization Facsimile Transmittal dated 01/08/08
- DNI: Pre-Auth Request For Upper and Lower Extremity Electroneurodiagnostic Studies dated 01/04/08
- Letter dated 12/21/07 from Review Nurse
- DNI: Referral dated 12/10/07
- DNI: Pre-Auth Request for Cervical and Lumbar Myelogram dated 11/30/07 M.D.: Reports dated 11/05/07, 09/10/07
- M.D.: Return Patient Visits (handwritten) dated 11/05/07, 08/07/06
- M.D.: Exam Report dated 11/01/07
- M.D.: Prescription notes (four) dated 11/01/07
- Handwritten follow-up doctor's note dated 09/10/07
- Undated list of health providers with demographic information

- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who was reportedly injured in a motor vehicle accident. There is no information regarding the initial injuries and treatment. The first office visit to M.D. is dated 08/07/2006. The injured individual presented with low back pain. His diagnosis was discogenic pain L5-S1. He treated the injured individual with Darvocet and Celebrex. No surgery was indicated at that time. The claimant was reported to have undergone L5-S1 fusion and C5-C6 anterior cervical discectomy/fusion. The injured individual was seen again by Dr. on 09/10/2007. Physical examination revealed normal gait, normal toe/heel walk, normal motor and sensory exam, and no significant change in reflexes. Dr. was concerned about adjacent level disease as a source of the injured individual's continuing complaints. M.D. saw the injured individual on 11/01/2007. It is unclear what role he played in the treatment plan, but he prescribed Vicodin ES (120), Flexeril 10mg (90), Ambien (30), and Valium 10mg (90). Dr. noted on 11/05/2007 that both the cervical and lumbar fusions appeared solid. He voiced concern regarding the fact that one of the pedicle screws in the lumbar fusion may be in the disc space. He requested a cervical and lumbar CT with myelogram. Imaging noted that the CT request had been denied on 11/30/2007. The claimant returned to Dr. on 12/21/2007 complaining of back and neck pain. The request for the neurodiagnostic studies was submitted. The initial review for the request for bilateral upper and lower extremities EMG/NCV was done on 12/21/2007. The reviewer discussed the case with the physician but no additional clinical information was obtained to support the request. He noted that Dr. did not suggest any evidence of radicular symptoms. A note was dated 01/04/2008. It is unclear what role this individual played in treatment, but appeared to be support for the requested procedure. An additional reviewer upheld the original decision on 01/15/2008 on appeal/reconsideration. He also discussed the case with Dr. who reported the injured individual complained of subjective discomfort going into the arms/legs. There were no findings consistent with radiculopathy. The injured individual had normal motor, normal sensory, and no significant change in reflexes. Both peer reviewers cited the Official Disability Guidelines as their basis for non-certification of the request.

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

The submitted medical documentation does not substantiate the requested diagnostic studies. The injured individual is a male who was involved in a motor vehicle accident (MVA). He reportedly has undergone a C5-C6 anterior cervical discectomy/fusion and L5-S1 fusion. It is not clear what the exact relationship of the surgeries were to the original work injury. There is no medical information until 08/07/2006 when the injured individual is seen by Dr. It would appear that the injured individual has continuing complaints of pain despite treatment.

The 2008 Official Disability Guidelines:

EMGs (electromyography)	Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor,
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	<p>2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended</p>
<p>Nerve conduction studies (NCS)</p>	<p>Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious</p>

The injured individual does not have any physical findings consistent with radiculopathy. He has the subjective complaint of discomfort, which goes into the arms/legs. The 2008 Official Disability Guidelines does not support the requested neurodiagnostic studies based upon the lack of objective clinical findings (muscle atrophy, motor weakness, anatomic sensory abnormalities, etc.).

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES