



Notice of Independent Review Decision

**DATE OF REVIEW: 7/8/08**

**IRO CASE #:**

**NAME:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Determine the appropriateness of the previously denied request for a cervical MRI and EMG/NCS of the bilateral upper extremities.

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

**A Texas licensed Family physician.**

**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.

The previously denied request for a cervical MRI and EMG/NCS of the bilateral upper extremities.

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:**

**Gender: Female**

**Date of Injury:**

**Mechanism of Injury: Her fingers became stiff and sore while using an electrical screw gun.**

**Diagnosis: Status post anterior cervical diskectomy and fusion with instrumentation at C4-5 and C5-6, status post right shoulder decompression, and status post right carpal tunnel release.**

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

This is a female who was injured. Her fingers became stiff and sore while using an electrical screw gun. Her diagnosis was status post anterior cervical discectomy and fusion with instrumentation at C4-5 and C5-6 on May 14, 2002, status post right shoulder decompression on November 18, 2003, and status post right carpal tunnel release in 2000. She did have an EMG/NCV studies performed in 2006. Part of the report was provided; however it was difficult to read due to small print size and the clinical summary including the interpretation of the results was not submitted. Since that test was performed she had a re-injury and her symptoms changed. A progress note from Dr. dated April 24, 2008, indicated that the claimant had neck and shoulder pain on the right starting eight years ago. It radiated into the right deltoid, trapezius, biceps, and lateral arm, and she had numbness in the thumb, index finger, middle finger, ring finger, and small finger. It was constant and was rated at 8/10 on a pain scale of 0 to 10; 10 as the worst. 20% of her pain was in the arms and 80% was in the neck. Physical therapy was provided last in 2004. She was doing home exercises and applying hot and cold packs, on at home. The claimant stated that in xx/xxxx, she was re-injured when she had a functional capacity exam. After that time, her symptoms were worse and in a different distribution than prior to surgery. She reported that after her surgery, her symptoms had resolved. On the physical exam, muscle strength was 5/5 in all groups. Graphesthesia in bilateral hands was intact. There was no atrophy of the upper extremity. Sensation was intact in bilateral upper extremities, and brachioradial pulses were 2/2. She was noted to have spondylosis at C6-7 and status post interbody fusion at C4-5 and C5-6 on 2-view x-rays on April 24, 2008. Another portion of the progress note from that same date indicated that the claimant had 0/4 bilateral triceps and brachioradialis reflexes, and bilateral biceps reflexes were 2/4. She had a positive Spurling's on the right where pain did radiate to the right shoulder. It is not clear if this represented a change from her previous neurologic examination or not. This case was reviewed previously on several occasions and the MRI and EMG/NCS of the upper extremities were denied. The reviewer believes it would be useful to repeat the EMG/NCS testing of the upper extremities. The claimant had pain radiating to the right arm in new distribution that started in April 2007 and has not resolved with conservative care. She had a history of cervical spine surgery and carpal tunnel syndrome, and it is not clear if her symptoms were related to radiculopathy, peripheral entrapment such as recurrent carpal tunnel syndrome, or a combination of both. Her symptoms could suggest both etiologies because she had numbness and tingling in all fingers. The Official Disability Guidelines support performing the EMG, particularly when there is confusion related to the etiology of neurologic symptoms. The Guidelines state that EMG is, "Recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) Indications when particularly helpful: EMG may be helpful for claimants with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome." Nerve conduction studies (NCS) are "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken." The MRI is non-certified at this time. It is not clearly documented that the claimant had a progression of her neurologic deficits, or indeed had

true neurologic symptoms. The Guidelines state: "Indications for imaging -- MRI (magnetic resonance imaging): - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present - Neck pain with radiculopathy if severe or progressive neurologic deficit - Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present - Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present - Chronic neck pain, radiographs show bone or disc margin destruction - Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury, radiographs and/or CT "normal" - Known cervical spine trauma: equivocal or positive plain films with neurological deficit" Hopefully the electrodiagnostic studies will shed some light on the etiology of the claimant's symptoms so her future care can be appropriately directed.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.  
The Official Disability Guidelines (ODG), 6<sup>th</sup> Edition (Web), 2008, Neck-MRI, EMG and Carpal Tunnel NCV.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).