COMPPARTNERS

URAC ACCREDITED INDEPENDENT REVIEW ORGANIZATION

Notice of Independent Review Decision

DATE OF REVIEW: 3/24/08

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for Electromyogram/Nerve Conduction Velocity (EMG/NCV) studies of the bilateral upper and lower extremities.

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

REVIEW OUTCOME:

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

X 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 EMG/NCV studies of the bilateral upper and lower extremities.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- **Notice of Assignment of Independent Review Organization dated 3/14/08.**
- **Note (unspecified date).**

- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 3/13/08.**
- **Request for a Review by an Independent Review Organization dated 3/12/08.**
- **Review Determination Report dated 2/15/08, 1/31/08.**
- **Letter dated 3/18/08.**
- **Independent Review Organization Summary dated 3/18/08.**
- **Initial Pain Evaluation dated 2/1/05.**
- **Chronic Pain Evaluation Report dated 5/15/07.**
- **Physical Therapy Evaluation Report dated 6/2/06.**
- **Functional Capacity Evaluation Report dated 5/15/07, 6/29/06, 6/28/06.**
- **Impairment Rating Report/Addendum dated 3/22/06.**
- **Return Patient Visit dated 7/3/07.**
- **Initial Exam Note dated 2/6/07.**
- **Discharge Summary dated 11/2/02, 10/23/02, 9/18/02.**
- **Examination Report dated 2/7/07, 2/6/07.**
- **Specific and Subsequent Medical Report dated 2/7/01.**
- **Neurologic Evaluation and Electromyogram and Nerve Conduction Studies Report dated 2/13/01.**
- **Initial Patient Evaluation Report dated 1/31/06.**
- **Interval History Form dated 6/30/04, 5/5/04, 4/1/04, 3/24/04, 3/22/04.**
- **Medical Assistant Report dated 8/24/04, 8/18/04, 8/17/04, 8/16/04, 8/11/04, 8/9/04.**
- **Left Shoulder MRI Arthrogram dated 1/2/06.**
- **Left Shoulder MRI dated 11/9/05.**
- **Lumbar Spine CT Scan dated 12/16/04.**
- **Lumbar Spine MRI dated 4/3/04.**
- **Cervical Spine MRI dated 7/15/05, 9/8/02.**
- **Operative Note/Report/Discharge Note dated 2/28/06, 1/2/06, 5/3/05, 2/18/04, 11/12/03, 9/24/03.**
- **Procedure Note dated 11/20/02, 10/23/02, 9/18/02.**
- **Texas Workers' Compensation Commission - Report of Medical Evaluation dated 3/22/06, 6/23/04, 5/5/04.**
- **History and Physical Examination Report dated 2/18/05, 9/9/03.**
- **Cover Page/Interim History and Physical Report dated 11/20/02, 10/23/02, 9/18/02, 8/22/02.**
- **Post-Operative Follow-Up Note dated 2/26/04, 11/20/03.**
- **Therapy Services Billing Sheet/Daily or Interim SOAP Note dated 8/9/06, 9/1/04, 8/30/04, 8/27/04, 8/25/04.**
- **Peripheral Assessment Note dated 3/5/06, 5/23/05.**
- **Lumbar Spine Assessment Note dated 8/24/04.**
- **Letter of Medical Necessity dated 10/26/07, 10/4/05, 6/28/05, 11/30/04.**
- **Attending Physician's Report dated 1/25/08, 8/6/07, 5/4/07, 1/9/07, 7/8/05, 6/14/05, 9/22/04.**

- **SOAP Note dated 2/18/08, 1/18/08, 12/19/07, 11/19/07, 10/19/07, 9/19/07, 7/18/07, 6/6/07, 5/7/07, 4/4/07, 3/5/07, 2/2/07, 1/3/07, 12/1/06, 11/1/06, 5/1/06, 11/18/05, 10/19/05, 9/19/05, 5/20/05, 4/11/05, 3/22/05, 2/22/05, 1/21/05, 12/20/04, 9/10/04.**

- **Texas Workers' Compensation Work Status Report dated 1/18/08, 8/20/07, 7/18/07, 7/3/07, 6/6/07, 5/7/07, 4/4/07, 3/5/07, 2/8/07, 2/2/07, 1/3/07, 11/1/06, 6/29/06, 5/1/06, 10/18/05, 8/19/05, 7/19/05, 6/15/05, 5/20/05, 4/20/05, 4/11/05, 2/20/05, 5/18/05, 11/12/04, 9/10/06, 8/6/04, 6/30/04, 6/16/04, 5/4/04, 4/1/04, 3/24/04, 3/22/04, 3/19/04.**
- **Progress Report/Letter/Medical Necessity dated 4/26/02, 10/1/01, 8/15/01.**
- **Prescription/Medical Necessity Form dated 7/30/01.**
- **Progress Report/Treatment Recommendation dated 11/12/01.**
- **Examination/Assessment Report/Treatment Recommendation dated 2/23/01.**
- **Office Visit/SOAP Note dated 8/4/03, 4/28/03, 3/24/03, 12/19/02, 10/2/02.**
- **Progress Note dated 12/23/03.**
- **Follow-Up Visit Note dated 10/2/03, 5/18/05.**
- **General/Folder Information/Note (unspecified date).**
- **Payment of Compensation or Notice of Refused/Disputed Claim dated 3/10/04.**
- **Employer's First Report of Injury or Illness (unspecified date).**
- **Work Status Letter dated 7/15/05.**
- **Physical Therapy Re-Evaluation Note dated 6/29/05.**
- **Required Medical Examination for the Texas Workers' Commission dated 6/14/05.**
- **Post-Operative Office Visit dated 6/15/05.**
- **Evaluation Note dated 4/20/05.**
- **Required Medical Evaluation Report dated 2/18/05.**
- **Workers' Compensation Initial Report dated 8/6/04.**
- **Designated Doctor Evaluation Report dated 6/14/07, 6/23/04.**
- **Electromyogram and Nerve Conduction Studies Examination Report dated 8/23/05, 6/30/04.**
- **Follow-Up Examination Report/Letter dated 7/21/04, 7/3/04.**
- **Examination and Treatment Report/Letter dated 5/7/04, 3/27/04, 3/23/04, 3/19/04.**
- **MRI Studies Results Review Report/Letter dated 8/10/06.**
- **Notice of Disputed Issue(s) and Refusal to Pay Benefits dated 11/9/05, 8/19/04, 8/13/04.**
- **Range of Motion Measurements Results dated 5/5/04.**
- **Injury/Symptoms Description/Release of Medical Records Consent Form dated 3/19/04.**

- **Associate Statement (Workers' Compensation) Form (unspecified date).**
- **Emergency Room Nursing Record dated 12/14/00.**
- **Request Letter for Upper and Lower Extremity Electroneurodiagnostic Studies to be Presented for Medical Dispute Resolution dated 3/10/08.**
- **Pre-Authorization for Upper and Lower Extremity Electroneurodiagnostic Studies (Reconsideration) Request Letter dated 2/7/08.**
- **Fax Cover Sheet/Pre-Authorization Request/Fax Transmittal Report dated 2/12/08, 1/28/08.**
- **Referral/Order Form dated 1/28/07.**

No guidelines were submitted by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years
Gender: Female
Date of Injury: xx/xx/xx
Mechanism of Injury: Fell off a ladder to the ground, injuring her tailbone.

Diagnosis: Status post sacral fracture, chronic cervical and low back pain, status post left shoulder arthroscopy, decompression and distal clavicle resection, status post left shoulder rotator cuff repair, left ulnar nerve entrapment and history of depression with suicide attempts.

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

This is a xx-year-old female who was injured on xx/xx/xx. The claimant listed her injury as "missed a step coming down a ladder, so I pushed off with other foot and landed with feet then butt." Her diagnoses were status post sacral fracture in 2000, chronic cervical and low back pain, status post left shoulder arthroscopy, decompression, and distal clavicle resection on February 28, 2006, status post left shoulder rotator cuff repair on May 3, 2005, left ulnar nerve entrapment, and history of depression with suicide attempts. Nearly 300 pages of medical records were reviewed. The claimant had a very extensive evaluation and treatment previously. She had at least 72 physical therapy visits and multiple functional capacity evaluations. An independent review summary indicated that the claimant had a CT scan of her lumbar spine on December 16, 2004; however, that report was not provided for review. An EMG/NCV of the lower extremities was performed in 2001 according to the review of the records and was reported to be normal, although the actual report was not provided. This test was again repeated on June 30, 2004, and was entirely normal. An EMG/NCV of the upper extremities was performed on August 23, 2005, and showed left ulnar nerve entrapment at the elbow. An MRI of the lumbar spine was first performed on April 3, 2004, and was entirely normal. A second MRI of the lumbar spine was performed on December 6, 2004, and had normal findings from L1 to L3. At L3-L4, there was a 1-mm broad annular disk bulge with no canal stenosis or nerve root impingement. At L4-L5, there was multifactorial mild central canal

stenosis and mild bilateral neuroforaminal narrowing with a 2-mm broad annular disk bulge. At L5-S1, there were facet arthrosis changes but no other abnormalities. MRIs of the cervical spine were performed twice. Apparently, one was performed on September 8, 2002, but the report was not provided. On July 15, 2005, the MRI showed normal findings from C2 through C3 and C7 through T1. At C3-C4, C4-C5, and C6-C7, there were 1-mm broad disk bulges. At C5-C6, there was a broad 2-mm disk protrusion with mild right neuroforaminal narrowing. Throughout the records, the claimant complained of low back pain that radiated into the lower extremities and upper extremity pain and weakness. Sometimes, her symptoms were on the right, sometimes they were on the left, and sometimes they were bilateral. On March 22, 2006, the claimant had complaints in her upper extremity, but Dr. felt that her motor and sensory changes were due to her recent shoulder surgery. The most recent legible physical examination was from February 6, 2007, from Dr., who is a spine surgeon. The claimant complained of back, right shoulder, and right arm pain. He discussed her previous findings including the left ulnar nerve entrapment. He also mentioned that her low back pain was not compensable. He performed a complete examination including a motor, sensory, and reflex examination of the upper and lower extremities. The entire examination was within normal limits. There were no sensory or motor deficits and her reflexes were equal and symmetric. Despite this totally normal examination, he requested a repeat EMG/NCV of the upper and lower extremities, and a CT myelogram of the cervical and lumbar spine. Dr. examined the claimant after this time, but his notes were illegible. He did mention that she complained of weakness and paresthesias in the arms and legs in May 2007, but again, these were the same symptoms the claimant had for many years and they did not appear to have changed. In light of the fact that she had ongoing symptoms, but no changes in her physical examination, a denial of the repeat EMG/NCV of the upper and lower extremities was recommended. This claimant had an extensive workup. She did have a left ulnar nerve entrapment which may account for her paresthesias in the left upper extremity. She did complain of low back pain and weakness and paresthesias in the legs but has had no findings that suggest radiculopathy or neuropathy. Her MRIs and EMG's of the lumbar spine were totally normal. Furthermore, it does not appear as though the lumbar spine is an accepted part of this claim. Therefore, treatment may be non-compensable. The MRI's and the cervical spine did not show significant abnormalities, and the EMG showed ulnar nerve entrapment at the elbow, with no evidence of radiculopathy or any other abnormality. From the medical necessity standpoint, repeating diagnostic studies for this lady does not seem necessary at this time. The Official Disability Guidelines allow for EMG and NCV testing as an option for cervical and lumbar complaints. However, because the claimant already had these examinations performed and her symptoms and physical examination does not appear to have changed, repeating them would not be indicated. Based on the foregoing, the requests were denied.

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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
Web based version for EMG/NCV and the Cervical Spine and Low Back.

□ 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).