

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 05/09/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

J1040	Injection Methylpredisolone ACE
95904	Nerve Conduction Velocity/Latency Study
62310	Injection, w/wo contrast; diagnostic/therapeutic
77003	Fluor GID & Localization ND/LCath SPI DX
95903	Nerve conduction Study, motor; w/F-wave
72020	RADEX SPI 1 view Spec LVL
95861	Bilateral EMG

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

The TMF physician reviewer is board certified in physical medicine and rehabilitation with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the Injection Methylpredisolone ACE, Injection w/wo contrast; diagnostic/therapeutic, Fluor GID & Localization NDL/Cath SPI DX, and the RADEX SPI 1 view Spec LVL are medically necessary to treat this patient's condition.

It is determined that the Nerve Conduction Velocity/Latency Study, Nerve conduction Study, motor; w/F-wave, and the Bilateral EMG are not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notice to Utilization Review Agent of Assignment of IRO – 04/29/08
- Letter from patient responding to denial of treatment – 03/07/08
- Initial Adverse Determination Letter – 02/20/08
- Reconsideration Adverse Determination Letter – 03/05/08
- Preauthorization Request for Medical Care – 02/13/08
- Pain Management Letter of Medical Necessity from Dr. – 02/25/08
- Initial Office Visit Notes by Dr. – 11/14/07
- Follow-up Office Visit Notes by Dr. – 02/06/08
- Information from TDI requesting a review by an IRO – 04/28/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when some heavy boxes fell on his neck, head and right shoulder. This resulted in immediate head, shoulder, arm and neck pain. He has been diagnosed with a rotator cuff tear on the right which he is scheduled for surgery. The patient continues to have a lot of pain not only in his shoulder but in the upper back centrally.

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

This patient had pain and a confirmed rotator cuff injury with scapula and upper back pain. The cervical MRI showed disc bulges and mild stenosis at C6-7 without any nerve root compression. There was a large T2-3 disc herniation to the left.

The first issue is electrodiagnostic studies. Nerve conduction studies (NCS) should be performed if the differential includes a possible peripheral nerve compression. There did not appear to be any significant upper extremity symptoms. The C7/T1 roots can give scapula pain. Yet, the MRI was not significant for C7 to T1 compression per the note from Dr.. There was no neurological loss. An EMG of the upper extremity would be justified in the presence or if a C4/T1 root was being considered. The T2-3 disc herniation would compress the T2 root as it exits the foramen, or less commonly, at T3

root. Neither of these have any myotome distribution in the upper extremity. Therefore, the NCS or EMG is not medically indicated.

Electromyography (EMG):

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% to 71%) and highly specific (65% to 85%). (AAEM, 1999) EMG findings may not be predictive of surgical outcome in cervical surgery and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms.

Positive diagnosis of radiculopathy: Requires the identification of neurogenic abnormalities in two or more muscles that share the same nerve root innervation but differ in their peripheral nerve supply. ...

Anatomy: The test primarily evaluates ventral (anterior) root function (motor) and may be negative if there is dorsal root compression (sensory) only. Only C4-8 and T1 in the neck region have limb representation that can be tested electrodiagnostically. The anatomic basis for this lies in the fact that the cervical nerve roots have a motor and a sensory component. It is possible to impinge the sensory component with a herniated disc or bone spur and not affect the motor component. As a result, the patient may report radicular pain that correlates to the MRI without having EMG evidence of motor loss. ... F-wave tests are not very specific and therefore not considered medically indicated.

Nerve Conduction Studies (NCS)

NCS are not medically indicated. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

The second issue is the purpose of the cervical epidural injection and its technical choice. It is often easier to go at a higher level than in the thoracic spine. This depends on body habitus and the skills of the person performing the epidural injection. This requires the confirmation of radiculopathy and the ODG does require the documentation of the radiculopathy. The epidural injection would require fluoroscopic control and catheter as well as the agent (Methylpredisolone). Therefore these would be medically indicated and supported by the ODG.

Epidural steroid injection (ESI):

ESI are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy).

Criteria for the use of epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, restore range of motion and thereby facilitating progress in more active treatments programs, and avoiding surgery. However, this treatment alone offers no significant long-term functional benefit.

- (1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.
- (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
- (3) Injections should be performed using fluoroscopy (live x-ray) for guidance.

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
- 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)**

The American Association of Electrodiagnostic Medicine, 1999