

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/10/2009

**IRO CASE #:**

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

EMG NCV Cervical Spine

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

M.D., 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 1/16/09, 2/16/09

Back & Neck Clinic, 2/23/09, 1/22/09, 11/19/08, 11/17/08, 11/13/08  
3/6/09, 3/18/09

Employers First Report of Injury or Illness, xx/xx/xx

Peer Review, 3/6/09, 2/18/09

MD, 2/27/09, 12/3/08

Radiographic Report, 1/22/09

Operative Report, 2/12/09

MD, 1/22/09

RME, 1/20/09

MD, 1/19/09, 12/29/08

MRI Right Hip/Groin, 1/14/09

SOAP Notes, 1/14/09, 1/12/09, 1/9/09, 1/7/09, 1/6/09, 12/22/08,

DO, 11/26/08

FCE, 11/17/08

MD, 10/2/08, 8/7/08, 7/3/08, 6/26/08, 6/12/08, 6/5/08, 5/29/08

MD, DDE, 9/25/08

FCE, 9/25/08

MD, 7/24/08

MRI T-Spine, 7/2/08

MRI C-Spine, 7/2/08  
PT Notes, 5/20/08-6/3/08, 5/20/08  
MRI Lumbar Spine, 5/30/08  
Hospital 5/6/08  
MD, 5/28/08, 5/21/08, 5/14/08  
MRI Shoulder, 1/26/09  
Arthrogram, Shoulder, 1/26/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who was lifting. She has had a previous EMG/nerve conduction study, physical therapy, and various psychological tests, and has been found to have, based upon the physician notes, significant somatization in her evaluation with twelve positive complaints. She is felt, therefore, to be susceptible to prolonged recovery. She has also had an MRI scan of the cervical spine, which does not reveal any surgical pathology. She has had a previous negative EMG/nerve conduction study. She has had a shoulder MRI scan and arthrography, also negative. The cervical MRI scan, while showing a disc protrusion, does not show any nerve root compression or other significant findings.

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

This is a patient who has a plethora of essentially normal studies. She has no documented radiculopathy. She has a previously documented negative EMG/nerve conduction study according to the records provided. She has been recommended a tertiary treatment program, i.e. work conditioning and work hardening, indicative of the fact that the treating physicians feel that there is no current need for other primary and secondary treatment options. The medical records do not explain why this patient has an indication for EMG/nerve conduction study. Based on the records provided, this reviewer could not find support for the request in the Official Disability Guidelines. It is for this reason that the previous Adverse Determination could not be overturned. The reviewer finds that medical necessity does not exist for EMG NCV Cervical Spine.

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

- ACOEM-AMERICA 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)