SENT VIA EMAIL OR FAX ON
Apr/20/2009

IRO Express Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0310
Email: resolutions.manager@iroexpress.com

DATE OF REVIEW:
Apr/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EMG/NCS bilateral upper extremities test

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 3/3/09 and 3/19/09
Dr. 12/11/03 thru 3/10/08-Letter
MRI's 1/26/09 and 9/26/06
CT Cervical Spine 1/6/04, 11/1/02, 8/31/01, 5/6/00
EMG 1/20/04, 8/31/01

PATIENT CLINICAL HISTORY SUMMARY
This woman had 3 or 4 cervical operations with an anterior fusion from C3 to C6 completed in xxxx. She had ongoing upper extremity symptoms, especially about the shoulder girdle. She had multiple prior CT scans and MRI. Electrodiagnostic studies in 1996 were felt to be consistent with a chronic C6 radiculopathy. There is a note of a C7 radiculitis. She began having more symptoms in the past year of weakness in grasp and paresthesias in her hands. An MRI in January 2009 showed the fusion. The nerve roots were not seen due to the metal implant. A request is made for electrodiagnostic studies. She has diabetes with symptoms including burning feet. Her examination reported bilateral Tinel signs at the wrist and

weakness in the wrist extensors.

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

Dr. requested the electrodiagnostic studies to determine the presence of worsening of the chronic C6 radiculopathy, an established diagnosis. His physical examination described weakness of the wrist extensors, which are C6 innervated muscles. He sensory complaints are in the hand. There are positive Tinel signs. The latter has a limited sensitivity and specificity for CTS. This plus the presence of diabetes and the symptoms of burning feet suggest an underlying diabetic neuropathy. Review of the electrodiagnostic studies from 2006 showed a borderline relative prolongation of the right median to ulnar sensory latencies. These suggest her new symptoms are more likely related to carpal tunnel syndrome than the cervical radiculopathy. The presence of a double crush syndrome has been one debated in the medical literature of the presence of two common problems present in the same person rather than one entity causing the other. Again, there is the contributing factor of her diabetes and diabetic neuropathy.

The ODG recognizes the role nerve conduction studies play in separating a radiculopathy from a neuropathy. In her case, the neuropathy would not be related to the cervical problem. The study may be justified in confirming the diagnosis of CTS and the diabetic neuropathy, but these are not work related injuries. The emg may confirm the presence of a radiculopathy, but that diagnosis has previously been established.

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

[X] 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

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)