

Prime 400 LLC

An Independent Review Organization
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DATE OF REVIEW:

Jun/03/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

OP initial bilateral upper extremity NCS (CPTs 95900, 95903, 95904)

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine
Residency Training PMR and 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

Determinations, 5/11/09, 5/1/09

MD, 5/6/09, 4/23/09, 4/9/09

FCE, 4/20/09, 3/25/09

Dr. DD, 3/23/09, 3/27/09, 3/30/09, 4/1/09, 4/3/09, 4/6/09,
4/8/09, 4/10/09, 4/13/09, 4/15/09, 4/17/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man involved in a work related motor vehicle accident on xx-xx-xx. His truck was rear-ended. He developed neck and low back pain. Dr. provided chiropractic care. He had FCEs in March 2009 and April 2009. Dr. obtained a cervical MRI. Records indicate it was normal. Dr. record of the examination did not provide any neurological examination of the extremities. He wrote on May 6 that this man had sensory complaints in the left C6/7 dermatomes and had reduced left sided biceps and triceps reflexes. He appealed the denial of the nerve conduction studies.

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

Nerve Conduction studies which evaluate motor and sensory axons are not approved in the ODG when the patient has symptoms on the basis of radiculopathy. The motor velocities are generally not affected in radiculopathy until there is advanced axonal loss. Sensory

studies are generally normal in a radiculopathy unless there is a postganglionic injury. Usually, there is severe motor paralysis with this. The only justification therefore for the nerve conduction studies in this particular case would be to determine if any of the symptoms are related to carpal tunnel syndrome, especially in a "Double Crush" situation. However, that situation is not described here. The reviewer finds that medical necessity does not exist for OP initial bilateral upper extremity NCS (CPTs 95900, 95903, 95904).

Nerve conduction studies (NCS)

Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective.

Nerve conduction studies (NCS)

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. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Nerve conduction studies should be done by a qualified technician working directly under the supervision of a physician. (Utah, 2006) See Electrodiagnostic studies; and Portable nerve conduction devices.

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)