



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 03/02/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Electromyography and nerve conduction

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

Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Documentation from Dr. dated 11/08/06
2. Documentation from Dr. dated 09/14/07
3. Peer review dated 01/12/08, 12/22/08
4. Cervical CT scan report dated 01/28/08
5. Documentation from Center Associates dated 11/05/08, 11/27/08
6. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The date of injury is listed as xx/xx/xx.

The employee was reevaluated at the Management Associates office on 11/05/06 and 11/27/08. Unfortunately, these office notes were handwritten in nature and very difficult to read. It was documented that previous treatment had included surgical intervention to the right shoulder, and the employee was diagnosed with a cervical syndrome. It was recommended that the claimant receive a cervical epidural steroid injection on these office visits.

The records available for review document that the employee was evaluated by Dr. on 11/08/06. It was documented that the employee was with a medical condition of reflex sympathetic dystrophy to the left knee. It was documented that a revision of a spinal cord stimulator had been performed in May, 2006. It was also documented that a revision of a left total knee replacement had been performed in November, 2006. On 11/08/06, the employee was diagnosed with intercostal neuritis. It was recommended that the employee receive access to an intracostal block.

The employee was evaluated by Dr. on 09/14/07. An electrodiagnostic assessment was obtained, and this study revealed findings consistent with a right carpal tunnel syndrome of a mild degree.

A peer review was conducted with a referral date of 01/12/08. This report indicated that a cervical MRI had been accomplished on 01/28/08 which revealed findings consistent with an osteophyte complex at the C6-C7 level and C5-C6 level. It did not appear that the report described any findings worrisome for a compressive lesion upon any of the neural elements in the cervical spine.

The available records document that a cervical CT scan was accomplished on 01/28/08. This study disclosed findings consistent with a disc osteophyte complex at the C6-C7 level. There was also evidence of a disc osteophyte complex at the C5-C6 level.

A peer review was conducted on 12/22/08. It was indicated that a past physician office note dated 11/05/08 indicated that the claimant was with an antalgic gait.

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

Based upon the records available for review, there is a lack of supporting data to justify a medical necessity for an electrodiagnostic assessment. The available records do indicate that a cervical CT scan was accomplished on 01/28/08. It was also documented that an electrodiagnostic assessment was accomplished on 09/14/07, more than two years after the date of injury which was listed as xx/xx/xx. The electrodiagnostic assessment on 09/14/07 did not disclose any findings worrisome for an active radiculopathy. When a cervical CT scan was obtained on 01/28/08, there were no findings worrisome for a compressive lesion upon any of the neural elements in the cervical spine.

There are instances whereby **Official Disability Guidelines** will support a medical necessity of a diagnostic test in the form of an electrodiagnostic assessment. However, in this specific case, the submitted documentation does not provide any data to indicate how results of an electrodiagnostic assessment may affect the treatment plan. Additionally, per **Official Disability Guidelines**, electrodiagnostic testing “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”.

Therefore, based upon the records available for review, there would not appear to be a medical necessity for a repeat electrodiagnostic assessment. As stated above, the available records do not provide any data to support how results of a repeat

electrodiagnostic assessment would truly affect the treatment plan. It should be noted that an electrodiagnostic assessment was previously obtained more than two years after the date of injury.

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

1. *Official Disability Guidelines*