



REVIEWER'S REPORT

DATE OF REVIEW: 08/13/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/nerve conduction study, right upper extremity

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering cervical strain problems

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Southwestern Forensics Associates forms
2. TDI referral forms
3. IRO denial letters dated 06/29/10 and 07/14/10
4. Requestor records
5. clinical notes, , M.D., five records between 07/19/07 and 07/27/10
6. Request for preauthorization letter, 07/05/10
7. Request IRO, 12/08/09
8. , M.D., clinical notes, twenty records between 05/03/07 and 06/24/10
9. TWCC-73 forms, multiple records incomplete, seventeen records between 02/01/01 and 06/24/10
10. TWCC-69 form, 06/20/08, statutory MMI, 6% whole person impairment rating
11. retrospective peer review, six entries between 05/31/07 and 06/22/10
12. MRI scan of cervical spine, 06/14/10, revealing C5/C6 spondylosis with bulging and C6/C7 spondylosis with bulging
13. Decision and order, 05/18/10, cervical radiculopathy compensable
14. Work status reports, 05/03/10, 04/07/09, 02/17/09
15. letter, 03/09/10, with prescriber response
16. Physical therapy records, 03/11/09 and 02/26/09
17. MRI scan of right shoulder, 08/30/08 and 03/14/07
18. Evaluation, Designated Doctor Evaluation, 05/22/08
19. Letters to, nine records between 02/01/01 and 03/27/08
20. Medication records
21. X-ray report of cervical spine, 01/16/01, right shoulder 01/18/01
22. Return to work authorization, 01/23/01, 01/17/01
23. PT care plan
24. URA records, report, 07/14/10 and 06/28/10
25. Clinical note, , R.N., 06/24/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a female who suffered a spraining injury on xx/xx/xx. Apparently she suffered the acute onset of right shoulder and

right upper extremity pain. She has been extensively evaluated and treated for this pain, having undergone physical therapy, medication management, and activity modifications. She has been evaluated extensively by Dr.. There have been symptoms of finger numbness and tingling. She is felt to be suffering radicular symptoms, and electrodiagnostic studies have been requested on several occasions. She is felt to be a candidate for cervical disc surgery. The intention of the EMG/nerve conduction study is to confirm the diagnosis of radiculopathy and help isolate the levels of cervical compressive nerve root pathology that would exist. The request for EMG/nerve conduction study has been considered and denied, reconsidered and denied. An IRO evaluation was requested.

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

This patient has had a long history of symptoms of right upper extremity pain. She has findings that are suggestive of cervical radiculopathy, and EMG/nerve conduction studies have been requested to assist in the confirmation of this cervical radiculopathy as well as assisting in the possibility of determining what levels might be subjected to cervical discectomy or decompression as would be indicated. The ODG states that electromyography is recommended as an option in selected cases. The American Associates of Electrodiagnostic Medicine has concluded that the electrodiagnostic studies are moderately sensitive and highly specific. They have diagnostic value and are not invasive. It would appear that the electrodiagnostic studies would be beneficial in this patient's clinical evaluation as a potential candidate for cervical surgery.

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

(Check any of the following that were used in the course of your review.)

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 judgment, clinical experience and expertise in accordance with accepted medical standards.

Mercy Center Consensus Conference Guidelines.

Milliman Care Guidelines.

ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.

Pressley Reed, The Medical Disability Advisor.

Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.

Texas TACADA Guidelines.

TMF Screening Criteria Manual.

Peer reviewed national accepted medical literature (provide a description).

Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)