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Notice of Independent Review Decision

DATE OF REVIEW: 12/21/09
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
EMG/NCV upper extremities

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Certified by the American Board of Neurological Surgery

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination should be:

☒ Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	723.1	95861	Upheld
		Prospective	723.1	95900	Upheld
		Prospective	723.1	95904	Upheld
		Prospective	723.1	95934	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.
Letter dated 11/12/09
Physician notes dated 11/2/09
Official Disability Guidelines cited - EMG/NCV

PATIENT CLINICAL HISTORY:
The patient is a female whose date of injury is xx/xx/xx. Records indicate the patient was injured when she jerked a heavy metal board and injured her neck. The patient is status post ACDF C4-5 and C5-6 which was performed in 08/01 and initially did well, but her pain has returned and gradually worsened over the last two years. She complains of neck pain radiating down into bilateral shoulder and into intrascapular area, right greater than left. Physical examination on 11/02/09 reported tenderness to palpation posterior cervical and trapezial areas bilaterally. Cervical range of motion revealed 35 degrees of flexion

and extension, and 45 degrees right and left rotation. Deep tendon reflexes were 1 and symmetric bilaterally. Motor strength is 5/5 in all upper extremity muscle groups. There was diffuse hypoesthesia to pin over hands bilaterally. Hoffman's and clonus were absent.

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

In the Reviewer's opinion, the request for EMG/NCV upper extremities is not supported as medically necessary. The patient reportedly sustained an injury over 10 years ago, and is status post ACDF C4-5 and C5-6 in 08/01. She reports gradually increasing pain over past two years. The most recent clinical examination reported diffuse hypoesthesia to pin over hands bilaterally, and otherwise was unremarkable. No previous diagnostic / imaging studies were provided, but the patient reportedly had EMG/NCV in 2002. Given the limited findings on clinical examination with no motor or sensory deficits identified in a specific myotomal/ dermatomal distribution, and noting the lack of previous diagnostic studies, electrodiagnostic testing is not indicated as medically necessary.

Reference:
2009 Official Disability Guidelines, 15th edition, Work Loss Data Institute, Online Edition, Low Back Chapter.
EMGs (electromyography)
Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. See Surface electromyography.)

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. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

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

- ☐ **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 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)**