

MRI

MedHealth Review, Inc.
661 E. Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax 972-775-6056



Notice of Independent Review Decision

DATE OF REVIEW: 6/3/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a nerve conduction velocity of the right upper extremity.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 15 years in this field.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a nerve conduction velocity of the right upper extremity.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman sustained a work related injury to the right shoulder xx/xx/xx. He was seen at xx/xx/xx by M.D., who documented that bags were loaded incorrectly and a bag that was not marked as heavy fell on his right arm/shoulder. Dr. diagnosed thoracic strain and prescribed Lortab prn for pain. She recommended weight lifting restriction to 15 pounds

On February 25, 2010 Mr. was seen by M.D., referred by Dr. for the purpose of

MMI determination and impairment rating. The patient noted on a pain diagram that the pain extended from the right shoulder into the right upper extremity, including the hand. Dr. suspected an internal derangement of the right shoulder and recommended MRI of the shoulder, after which further treatment options or evaluation for MMI could be addressed. A DWC Form-69 was submitted with a diagnosis code of 840.9, finding he was not at MMI, with an expected MMI date of 03/25/2010.

On an Accident and Injury Questionnaire the patient stated that "a heavy bag fell while I was holding". Handwritten entries in progress notes were at times difficult for the reviewer to read. His interpretation of the notes includes the following: On a shoulder/elbow SOAP note 3/24/2010, reference was made regarding "NCV in ...April 2010.... possible MRI C.-spine after results of NCV... rule out HNP". On 3/24/2010: the patient was taking Flexeril and Talwin as prescribed and was reporting that he could not sleep on his right side. On 4/7/2010 a chiropractic progress note mentions that cervical-thoracic MR was needed to rule out HNP... extension of the cervical spine increases the tingling in the right arm. On April 9, 2010 a chiropractic progress note mentioned that he needs MRI of the cervical and thoracic spine to rule out HNP.

On April 9, 2010 the prospective request for "one nerve conduction velocity (NCV) of the right upper extremity" was non-certified. Upon request for reconsideration, the proposed nerve conduction study was again non-certified on April 21, 2010.

On April 26, 2010 D.C. submitted a letter addressed to the ESIS Preauthorization Department stating that the patient should participate in an active therapy program for six visits. Dr. saw him May 12, 2010 for re-examination, diagnosing thoracic sprain/strain, rotator cuff syndrome, cervical/brachial syndrome, and herniated disc, cervical spine. Dr. recommended the following:

- EMG/NCV to properly diagnose right arm pain and tingling, nerve deficits. M.D.
- Referral to Dr. for neurological-surgical consultation. Herniation C6/C7.
- Referral to Dr. for epidural steroid injection C6/C7.
- Please refer to the MRI report 05/11/2010
-

On May 17, 2010 the patient was seen at the Testing Facility for a Residual Functional Capacity Battery (DOT-RFC), which demonstrated that he did not meet the strength requirements of his occupation as an Airport Utility Worker, in the heavy strength category. Duty restrictions were recommended:

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

The proposed procedure as requested is insufficient for the adequate diagnosis of cervical radiculopathy. As noted below, nerve conduction studies are a *component* of an adequate electrodiagnostic examination for radiculopathy.

According to the ODG guidelines pertaining to Electrodiagnostic studies: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards:

- EDX testing should be medically indicated.
- Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for “screening purposes” rather than diagnosis are not acceptable.
- The number of tests performed should be the minimum needed to establish an accurate diagnosis.
- NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed.
- (5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted.
- (6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of

service. The reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression.

- (7) In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner.

Furthermore, for the EDX of radiculopathy, the above-cited policy of the AANEM specifies the following:

- A minimal evaluation for radiculopathy includes 1 motor and 1 sensory NCS and a needle EMG examination of the involved limb. However, the EDX testing can include up to 3 motor NCSs (in cases of an abnormal motor NCS, the same nerve in the contralateral limb and another motor nerve in the ipsilateral limb can be studied) and 2 sensory NCSs. Bilateral studies are often necessary to exclude a central disc herniation with bilateral radiculopathies or spinal stenosis or to differentiate between radiculopathy and plexopathy, polyneuropathy, or mononeuropathy. H reflexes and F waves can provide useful complementary information that is helpful in the evaluation of suspected radiculopathy and can add to the certainty of electrodiagnostic information supporting a diagnosis of root dysfunction.
- Radiculopathies cannot be diagnosed by NCS alone; needle EMG must be performed to confirm a radiculopathy. Therefore, these studies should be performed together by 1 physician supervising and/or performing all aspects of the study
- Pertaining to radiculopathy, the following table summarizes the AANEM’s recommendations regarding a reasonable maximum number of studies per diagnostic category necessary for a physician to arrive at a diagnosis in 90% of patients with that final diagnosis. The numbers in the table are to be used as a tool to detect outliers so as to pre-vent abuse and overutilization.... In simple, straightforward cases, fewer tests will be necessary.

Table 1: Maximum Number of Studies

	Needle Electromyography, CPT 95860-95864 and 95867-	Nerve Conduction Studies CPT 95900, 95903, 95904	Other Electromyographic Studies CPT 95934, 95936, 95937	
Radiculopathy	2 ⁵ /	3	2	2

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)