

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
12001 NORTH CENTRAL EXPRESSWAY  
SUITE 800  
DALLAS, TEXAS 75243  
(214) 750-6110  
FAX (214) 750-5825

---

Third Amended Notice of Independent Review Decision

**DATE OF REVIEW:** April 13, 2010 – Date of Amended Review – April 22, 2010 Date of Third Amended Review – April 30, 2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

EMG/NCV bilateral upper extremities, rule out cervical radiculopathy.

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

AMERICAN ASSOCIATION OF NEUROMUSCULAR AND ELECTRODIAGNOSTIC MEDICINE  
CERTIFIED PAIN MANAGEMENT  
SENIOR DISABILITY ANALYST AND DIPLOMATE  
ADL LEVEL 2, DESIGNATED DOCTOR

**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**

Medical records from the URA/Carrier include:

- Official Disability Guidelines, 2008
- , M.D., 08/31/09, 10/05/09, 11/02/09, 11/23/09, 01/15/10, 02/01/10,
- xxxxx, 11/02/09,
- xxxxx., 11/12/09,
- xxxxx, 11/13/09,
- xxxxx, 01/20/10, 02/19/10

Medical records from the Treating Doctor/Provider include:

- , M.D., 11/02/09, 01/11/10, 02/01/10
- xxxxx, 11/02/09
- xxxxx, xxxxx., 11/12/09
- xxxxx, 11/13/09

**PATIENT CLINICAL HISTORY:**

The patient's clinical history notes that this individual was originally injured while he was in the process of carrying paint containers for a distance, with resulting pain in the low back and neck area, and who has been under the care of, M.D. The patient does have a past history of low back problems and has undergone prior low back surgery. The patient has been under treatment and evaluation for continuing symptoms in the neck and back. The focus of this IRO preauthorization dispute deals with a request by Dr. for an EMG/nerve conduction study of the cervical region.

Dr. notes in his report of February 1, 2010, that the patient has symptoms continuing in the neck and arm, with the right more than the left.

The recent MRI studies of the cervical spine performed on November 12, 2009, indicates a 4 mm C3-4 disc herniation with foraminal stenosis bilaterally; at C5-6, there is a 4 mm disc herniation with central and bilateral foraminal stenosis; at C6-7, a left disc herniation with posterior osteophytes that compress the C7 nerve roots bilaterally and contribute to central stenosis.

The clinical examinations have been equivocal, and due to the need on the part of Dr., he has requested electrodiagnostic studies to clarify whether there is evidence of a nerve root irritation in the cervical region.

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

The ODG criteria for cervical EMG/nerve conduction studies indicate that electromyography is recommended (needle) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relationship to cervical radiculopathy and concluded that the test was moderately sensitive and highly specific. EMG findings 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. Based on the criteria from the ODG in relationship to neck and cervical disorders, electrodiagnostic testing is consistent with the ODG recommendations.

**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)