



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**11/22/2010**

**DATE OF REVIEW: 11/22/2010**

**IRO CASE #:**

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

EMG/NCV cervical spine

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

Texas State Licensed DO Board Certified Physical Medicine & Rehab physician/certified in Electrodiagnostic Medicine

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 11/05/2010
2. Notice of assignment to URA 11/05/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 11/04/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 11/03/2010
6. Letter 10/14/2010, 09/21/2010, pre-cert rqst, medical note 09/29/2010, 09/13/2010, radiology 08/20/2009, 08/03/2009, 10/10/2008, 02/13/2008
7. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

The claimant is a male who sustained a xx/xx/xx, rollover occupational motor vehicle accident. He sustained neck and knee injuries. He underwent two knee injuries. He continued to have cervical pain with associated bilateral upper extremity radicular pain. The claimant underwent neurosurgical evaluation on September 13, 2010. Reportedly, the neurosurgical consultation was delayed because of the orthopedic management of the occupational knee injury. The physician recommended an upper extremity electrodiagnostic study and a cervical MRI scan. A previous



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cervical MRI scan demonstrates a "C5-6 disk problem." The neurological examination performed demonstrates a focal C5-C6 sensory impairment and reduced biceps/triceps muscle stretch reflexes. Additionally, there are markedly positive Tinel signs at the wrists and elbows. Review request is for EMG/NCV cervical spine.

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

According to Official Disability Guidelines' criteria for electromyography (EMG) and nerve conduction studies (NCS), these studies are "generally accepted, well established, and widely used for localizing the source of the neurological symptoms in establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy." Review documents show that the claimant is demonstrating multiple upper extremity impairments, and the electrodiagnostic studies requested would be of great importance to distinguish and quantify these particular peripheral nerve or nerve root problems. The submitted neurosurgical consultation findings demonstrate clinical evidence of C5-C6 radiculopathy and possible superimposed carpal tunnel syndrome and/or ulnar mononeuropathy at the elbow. The requested bilateral upper extremity EMG/NCV studies are medically necessary/reasonable and is supported by the Official Disability Guidelines' criteria for the electrodiagnostic studies; therefore, the insurer's decision to deny is overturned.

### **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 KNOWLEDGBASE
- 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



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**FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**