

Clear Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCV 95903, 95904, 95861

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

MD, Board Certified Neurologist with 30 years experience in clinical practice

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

ODG Guidelines
, 4/13/10, 7/12/10
7/20/10, 3/2/10, 3/18/10
The Spine 2/24/10, 2/22/10
6/19/09 to 6/1/10
Imaging 10/9/08
1/8/09, 3/3/09
M.D. 6/18/09 to 5/25/10
X-Ray Report 6/10/09
8/3/09
Institute 8/11/09

PATIENT CLINICAL HISTORY SUMMARY

This patient injured her neck on xx/xx/xx and had a cervical fusion with partial improvement of symptoms. She has also been found to be obese, suffers from depression and insomnia. Physical and neurological exam is suggestive of carpal tunnel syndrome and or ulnar nerve compression at the elbow. No new findings are noted on MRI that would demonstrate a new structural problem in the neck. Dr. and Dr. determined an EMG/NCV to be necessary based on radicular complaints, decreased sensation to the left lateral forearm, reduced DTR's and increase in pain. The purpose of the studies was to clarify nerve root dysfunction.

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

Dr. and Dr. determined an EMG/NCV to be necessary based on radicular complaints, decreased sensation to the left lateral forearm, reduced DTR's and increase in pain. The purpose of the studies was to clarify nerve root dysfunction. According to the notes, this patient's continuing pain is clearly multifactorial. Depression, insomnia, carpal tunnel or ulnar nerve compression are possible contributors according to the notes. A motor and sensory latency of the median nerve plus an ulnar nerve study of the upper extremity as requested to determine if there are nerve compressions contributing to her pain. EMG also yielded additional information according to the notes. The ODG was used in this review. The reviewer finds that medical necessity did exist for EMG/NCV 95903, 95904, 95861.

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

ACOEM-AMERICA 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)