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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/29/2011

IRO CASE #:

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

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

MD, Board Certified Physical Medicine and Rehabilitation
Board Certified Pain Management

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

Official Disability Guidelines
Clinical records Dr dated 01/16/09, 01/18/11, 02/22/11, 04/05/11, 05/17/11
MRI cervical spine dated 11/24/10
Peer review dated 03/09/11
Utilization review determination dated 06/02/11
Utilization review determination dated 06/10/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. The submitted records do not provide a mechanism of injury. On 01/16/09 the claimant was seen by Dr.. She had complaints of neck and left shoulder pain. Treatment had included NSAIDs and muscle relaxers. Her symptoms are exacerbated by turning her head to left and right. On physical examination she is 63.5 inches tall and weighs 148 lbs. Her gait and station are normal. She has full range of motion of upper extremities. Her neck is forward flexed with internally rotated shoulders. Range of motion is limited in all planes. She has tenderness of cervical paraspinal muscles. She has trigger points noted at C5-6, in left trapezius, left rhomboids. She was diagnosed with neck pain, chronic and myofascial pain syndrome, and muscle spasm. She was provided prescriptions. On 11/24/10 the claimant underwent MRI of cervical spine. This study showed a shallow central disc bulge at C5-6, which slightly effaces the thecal sac and does not affect the neural foramina. There is moderate compromise of left neural foramen at this level secondary to hypertrophic bony spurring. There is hypertrophic bone arising from the uncinat process causing a slight bilateral foraminal compromise at C6-7. The clinical history jumps to 01/18/11 at which time the claimant was seen in follow-up by Dr.. She is reported to have undergone designated doctor evaluation in 03/09 when she was placed at MMI. She has received treatment from

primary care providers and is reported to be a surgical candidate for C6-7. She underwent updated MRI due to increased symptoms. Her left shoulder remains painful with severe limitation in range of motion. She is reported to have received Lyrica, which relieved her leg pain. Current medications include Ambien, Levoxyl, Premarin, Soma, and Lyrica. Physical examination indicates reduced left shoulder range of motion. She is noted to have tenderness along the cervical paraspinals. Trigger points are noted in paraspinals from C2-6, left upper trapezius, left rhomboids, left upper trap, trigger point and muscle belly, and palpable taut band with spout tenderness. She is neurologically intact. She is diagnosed with cervical strain, neck pain, and was continued on oral medications.

The claimant was subsequently seen in follow-up on 02/22/11. Her subjective complaints are unchanged. MRI of cervical spine showed moderate encroachment on the left exiting C5-6 nerve root. On physical examination she has positive impingement signs regarding the left shoulder. She is opined to have bursitis. She was recommended to undergo EMG/NCV of upper extremities for cervical radiculopathy. On 03/09/11 a peer review was performed by Dr.. Dr. reports the claimant tripped over a flight bag that was in jet way landing on her knees. He opines the documentation does not support that the claimant's current symptoms are related to work injury of xx/xx/xx and that the compensable injuries are limited to cervical and thoracic strains and knee contusion.

On 04/05/11 the claimant was seen in follow-up by Dr.. At this time she complains of neck pain radiating down both arms into the hands. It is reported that medications are not relieving her pain. Physical examination is grossly unchanged. There are no neurologic deficits noted. She again was seen in follow-up on 05/17/11. There are complaints of increased numbness and tingling in both arms and hands with right being worse than left. Oral medications have not significantly helped. On physical examination she is noted to have reduced left shoulder range of motion with positive impingement sign. She is reported to have decreased sensation in left C6-7 dermatome, decreased two point discrimination in left C6-7 dermatome and 4/5 motor strength in elbow extension. A request was made for EMG/NCV studies of bilateral upper extremities.

On 06/02/11 the initial request was reviewed by Dr.. Dr. reported that the claimant has complaints of neck pain radiating down both arms into hands with decreased pinprick along the C6-7 dermatome and decreased 2 point discrimination on the left C6-7. She reported there is no clear documentation of the aforementioned subjective and objective findings consistent with radiculopathy, nerve entrapment, which has not responded to conservative treatment. She subsequently opines the request is not medically necessary.

An appeal request was reviewed by Dr. on 06/10/11. Dr. reports that deep tendon reflexes and Spurling's tests are not documented and that the records fail to provide documentation of evidence based rehabilitation program. He indicates the claimant has hypothyroidism, and there are no records that provide evidence of recent control for this condition. He noted this also presents with numbness and tingling. He, therefore, finds the request is not certified.

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

The records indicate this claimant has chronic history of cervical pain with radiation of left upper extremity. She is noted to have orthopedic findings consistent with impingement syndrome of left shoulder. She is additionally noted to have significant degenerative findings on MRI dated 11/24/10. At C5-6 she is noted to have moderate compromise of left neural foramen with slight bilateral foraminal compromise at C6-7. She has consistently complained of left shoulder pain and there potentially is left shoulder injury as well as subtle evidence of cervical radiculopathy. The more recent clinic notes provide findings consistent with C6-7 radiculopathy. It is noted throughout the course of the claimant's treatment she has received Lyrica. She has previously received physical therapy. There is sufficient clinical information to establish medical necessity for performing left upper extremity EMG/NCV study,

however the request is for both right and left extremities. At present there is no clinical data to support neurologic compromise in right upper extremity and comparison to unaffected side is not required. It is therefore found that EMG/NCV of the upper extremities is not medically necessary as a whole.

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)