

SENT VIA EMAIL OR FAX ON  
Nov/28/2011

## P-IRO Inc.

An Independent Review Organization  
1301 E. Debbie Ln. Ste. 102 #203  
Mansfield, TX 76063  
Phone: (817) 405-0878  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/23/2011

**IRO CASE #:**

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

Bilateral UE (Upper Extremity) EMG (95860 one extremity, 95861 two extremities, 95863 three extremities, 95864 four extremities) / NCS (nerve conduction studies) (95900, 95904)

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

Orthopedic Surgery

**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**

OD Guidelines

Initial pre-authorization UR 10/20/11

Appeal pre-authorization UR 11/02/11

Office notes Institute 09/16/10-10/10/11

Operative report bilateral C4-5 facet joint injections 08/11/10

Operative report ACDF C6-7 01/19/04

X-rays cervical spine 01/20/04

MRI cervical spine 10/01/03, 09/05/93

Discogram report 07/16/02

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who was injured on xx/xx/xx. The patient is noted to have a history of anterior cervical fusion at C5-6 in 1993 with subsequent fusion at C6-7 in 2004. The records indicate she has been treated with Botox for severe chronic cervical paraspinal

muscle spasms which provided some relief. The patient also underwent C4-5 facet joint injections which provided some temporary relief but not as well as Botox that worked in the past. The claimant was noted to present with complaints of increasing neck pain which began bothering her in June 2011 and continued to increase and radiating into the left shoulder. She also has pain radiating into the right scapula, but does not feel any weakness. Physical examination on 08/17/11 reported the claimant to be 5'6" and 105 lbs. She is able to ambulate without assistance with normal gait. She can bring her chin within 3 fingerbreadths of her chest. Extension causes pain and is limited. Spurling maneuver to the right is limited causing pain in the neck and to the left is limited causing pain in the neck that radiates into the left shoulder. Rotation causes pain as well. Manual motor testing is 5/5 throughout the bilateral upper extremities. Deep tendon reflexes are symmetric in the bilateral upper extremities. Hoffman's sign is negative. Impression is axial neck pain with pain radiating to the shoulder. The claimant was seen in follow up on 10/10/11 with continued pain in the neck radiating into the bilateral trapezial area. She reports occasionally having some pain to the bilateral biceps area as well. She states she has been wearing her collar to provide some support of her neck which provides minimal relief. The claimant was recommended to undergo EMG of the upper extremities to rule out radiculopathy. Once that is done the claimant was recommended to consider repeat facet injections to which she has responded in the past.

An initial pre-authorization UR was performed on 10/20/11 and recommended non-certification of request for bilateral upper extremity EMG/NCS. It was noted there was no documentation of any new changes on neurological examination and no documentation to indicate how results of such a study would affect the treatment plan. As a result, medical necessity is not established.

An appeal pre-authorization UR was performed on 11/02/11 and adverse determination was recommended. It was noted that there has been no change in physical findings documented suggestive of radiculopathy. As such, medical necessity for electrodiagnostic studies in both upper extremities is not established.

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

The proposed bilateral upper extremity EMG/NCS is not supported as medically necessary by the clinical data presented. This is an injury that occurred xx/xx. The claimant has undergone surgical intervention to the cervical spine with ACDF at C5-6 in 1993 and extension of fusion to C6-7 in 2004. The claimant continued to complain of neck pain radiating to the bilateral trapezial area. However, objective findings reported motor strength is 5/5 throughout the bilateral upper extremities, with symmetric deep tendon reflexes and negative Hoffman's sign. No sensory deficits were noted. Noting the lack of evidence of radicular findings on clinical examination, medical necessity is not established for the proposed electrodiagnostic testing of the bilateral upper extremities. Accordingly, the previous denials were correctly determined and should be upheld on IRO.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**