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Notice of Independent Review Decision

DATE OF REVIEW: 02/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a repeat EMG/NCV of the left upper extremity.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a repeat EMG/NCV of the left upper extremity.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker was injured in an altercation. She injured her left shoulder, neck, and upper back. She has seen chiropractors as well as multiple physicians for management of this problem. She was initially treated with medications by her company physician. Then, she began physical therapy. A MRI of the cervical spine performed on November 5, 2007 showed broad-based posterocentral disk protrusions at C3-4 and C4-5 with mild spinal stenosis, felt to be due to congenital factors. The neural foramen were normal at those levels. There is a comment that at the C5-6 level, the disk was normal, but there was minimal left neuroforaminal stenosis secondary to marginal spondylosis at that level.

On January 9, 2008, electrodiagnostic studies were performed and said to be consistent with a mild left C5 root irritation and radiculitis without evidence of demyelination.

The injured worker has had two Designated Doctor Evaluations, the first on February 1, 2008 and the second on July 11, 2009. In both evaluations, she was placed at maximum medical improvement with 0% whole person impairment.

The injured worker was followed by an M.D. during 2010. Dr. felt there was a possibility of a facet syndrome and had recommended cervical medial branch blocks, but these were not approved. On November 20, 2010, a RME was performed. Dr. noted the patient's history and gave an impression that she had sustained a cervical strain and left shoulder strain. He opined that the patient had been placed at maximum medical improvement and should not be requiring ongoing medical care for the reported injuries.

On December 1, 2010, M.D. evaluated the injured worker. In note from Dr., there is a statement that the injured worker had had bilateral numbness and neck and shoulder pain prior to her injury. Dr. reported that the pain the injured worker was experiencing had been unabated since the xxxx injury. He noted that strength was 5/5, deep tendon reflexes 2+ and symmetrical, Spurling's negative, and sensation was intact except for deficits in the lateral median distribution in both hands. Dr. recommended a repeat MRI as well as repeat electrodiagnostic studies.

On January 26, 2011, Dr. re-evaluated the injured worker. He stated that the repeat MRI had been performed on January 17, 2011 and had shown moderate cervical canal stenosis at the C3-4 and C4-5 level and there was no evidence of neuroforaminal narrowing. Dr. said at that time that sensation was intact. He said that on Spurling's testing, there was a "pulling" sensation in the neck, but no radicular pain. Strength was said to be normal except for the left triceps which was 4/5.

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

This worker injured her neck, upper back, and left shoulder in a work related accident. She has been treated by multiple physicians and according to records available for me to review, received multiple physical therapy sessions and multiple medications. MRI studies initially showed canal stenosis at C3-4 and C4-5 which were felt to be congenital in origin and a minimal left neuroforaminal stenosis at C5-6. Electrodiagnostic studies performed within the first three months of injury were said to be consistent with a mild left C5 root irritation and radiculitis without evidence of demyelination.

The injured worker has been declared at maximum medical improvement on two occasions with 0% whole person impairment. The opinion that the patient required no further treatment was given by the RME. A repeat MRI was performed and showed the previously mentioned canal stenosis at C3-4 and C4-5, but did not show any evidence of neuroforaminal stenosis. Records indicate that the injured worker had had neck and shoulder pain as well as upper extremity numbness prior to the onset of her injury.

Through the years, physical examinations have been said to show no evidence of neurologic compromise with normal reflexes, strength, and sensation repeatedly confirmed by multiple examiners. Most recently, her physical examination was said to show mild triceps weakness, but no other evidence of neurologic abnormality. This weakness generally would not correlate with C5 radiculitis and in the absence of abnormal reflexes, sensory loss, or radicular pain with Spurling's testing.

ODG Treatment Guidelines recommend one EMG and nerve conduction study in cases of neck symptoms with neurologic findings. This injured worker did have the recommended study. The available medical records give no reason to suggest that a repeat EMG NCV test would be of value. Her repeat MRI did not show any significant changes and showed no evidence of foraminal compromise. With the lack of consistent objective findings suggesting nerve root pathology, there is no indication in available medical records that a repeat EMG NCV is warranted. Therefore, the requested service is not medically necessary.

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)**