



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision

DATE OF REVIEW: 1/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

NCV Bilateral Upper Extremities

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

The reviewer is a board certified MD in Occupational Medicine licensed to practice in Texas.

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

PATIENT CLINICAL HISTORY (SUMMARY):

male patient with a history of a fall from a truck on xx/xx/xx complaining of neck, right shoulder and arm pain. Per insurance carrier's letter of denial for NC studies, he received conservative treatment, 10 physical therapy sessions initially with no improvement. A cervical MRI on 7/16/08 was ordered and showed 2 mm HNP C5-6 with no foraminal encroachment and EMG /NC study showed mild right medial antebrachial sensory neuropathy. A shoulder MRI showed rotator cuff tendonitis. A cervical ESI was performed on 08/08 and the patient participated in additional 4 physical therapy sessions. He also participated in a chronic pain management program for a total of 30 sessions. He also had right shoulder surgery and additional physical therapy on Jan-Feb 2009. The reason for his shoulder surgery is unclear. Due to lack of improvement of his symptoms, a CT myelogram on 7/6/10 was done which showed irregular filling at C6-7 roots and cervical spine CT showed C5-6, C6-7 impingement on the right exiting C6 and C7 root sleeves. Dr. has requested a upper extremity nerve conduction study to rule out other differential diagnoses besides cervical radiculopathy. The patient's most recent exam available for review on 10/5/10 shows motor weakness, decreased right shoulder ROM, right elbow flexion and extension, hyperesthesia right C5-6, diminished reflexes ¼ right side as well as positive cervical compression test and cervical ROM. An EMG from 10/5/10 shows active/chronic denervation/reinnervation radiculopathy involving right C5,C6 and C7 nerve roots. His treating physician Dr. recommends evaluation by ortho spine specialist Dr. for possible surgery.

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

An EMG/nerve conduction study combination is reasonable due to the following:

- The patient appears to have findings of cervical radiculopathy; however, other differential diagnoses need to be ruled out such as brachial plexopathy and shoulder neuropathy. It would be important to determine nerve affection distal to dorsal root ganglia.
- There seems to be progression from a probable peripheral neuropathy to a cervical radiculopathy from 2008 to 2010.
- There is evidence of anatomical right nerve pathology on CT myelogram.
- ODG guidelines state that there is minimal justification for nerve conduction studies when a patient is presumed to have findings of radiculopathy; however, if the diagnosis is not conclusive and in the



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presence of progression of or worsening of symptoms, a repeat EMG/NCS seems appropriate.

REFERENCES

ODG GUIDELINES EMG AND NERVE CONDUCTION STUDIES

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



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- 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)**