

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jul/11/2011

**IRO CASE #:**

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

Upper extremity NCV study

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in Pain Management  
Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC 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**

4/11/11, 5/5/11  
Imaging 11/10/10  
Pain & Rehab Center 3/7/06 to 4/28/11  
Pain Relief Center 1/6/05 to 4/8/08  
Diagnostic 6/14/10  
1/17/06  
Health System 2/1/06 to 3/14/06  
6/24/11  
Medical Records, 5/21/03 to 4/22/11  
Official Disability Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man who reportedly sustained an electrical injury on xx/xx/xx. He had an anterior disectomy and fusion afterwards. MRI 11/10 showed diffuse bulge and spondylosis at C4/5 with facet arthrosis contributing to a severe left and moderate right neuroforaminal narrowing. The C5/6 fusion is solid without stenosis. There is moderate foraminal narrowing from the facet joints. There is also severe C6/7 disc space narrowing with degenerative changes, a subligamentous disc protrusion and severe canal stenosis with bilateral foraminal narrowing. His complaints are of neck pain radiating to the right upper extremity, but no specific dermatome was provided. The examination showed reduced cervical motion with local tenderness, and strength. Reflexes are normal. Foraminal compression gives pain. Dr. recommends "an EMG/NCV study to determine the extent of the neurological involvement." In the 4/5/11 letter, Dr. states there is radiating pain and numbness and requests "a

neurodiagnostic study.”

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

The examination described radiating pain to the right upper extremity, but there was no dermatomal description. The MRI showed multiple level bilateral foraminal narrowing in the cervical spine. The ODG clearly states nerve conduction studies are rarely indicated. The ODG does not recommend nerve conduction studies provided separately from needle EMG studies. ODG notes that “While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment.” It further states “Nerve conduction studies (NCS)” (are) “Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy...While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. ODG reviews somatosensory studies and these are “Not recommended for radiculopathies...” It does consider H reflex studies at times. Based on the ODG criteria, and the lack of objective neurological findings and specific dermatomal complaints, the reviewer finds that medical necessity does not exist for Upper extremity NCV study.

Nerve conduction studies (NCS)

Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. (Plastaras, 2011) (Lo, 2011) (Fuglsang-Frederiksen, 2011) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective.

**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)