

SENT VIA EMAIL OR FAX ON
Mar/16/2011

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Upper Ext. EMG-NCV

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

Board Certified 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

1. Preauthorization determination 01/05/11 regarding non-cert upper extremity EMG/NCV
2. Consultation report, M.D. 11/18/10
3. MRI cervical spine 12/04/06
4. Reevaluation report, D.C. 10/21/10
5. Reconsideration / appeal preauthorization determination denial right upper extremity EMG/NCV 02/09/11
6. Follow-up note, M.D. 01/11/11
7. MRI cervical spine 01/06/11

PATIENT CLINICAL HISTORY SUMMARY

The injured worker is a female who was injured when she fell at work and developed right-sided neck pain and right arm pain. The records indicate she underwent several treatment modalities including chiropractic, physical therapy, ultrasound and injection with temporary relief. MRI of cervical spine performed 12/04/06 was noted to show herniated discs at the

C4-5 level. The injured worker was seen in consultation on 11/18/10. Physical examination at that time reported normal station and gait. The patient was noted to be 5'x" tall and xxx lbs. Cervical spine exam noted positive Spurling's. There was somewhat limited range of motion due to pain. The claimant had grade 4 right thigh, right biceps strength. There was decreased sensation in the right thumb. There was grade 5 motor strength in left upper extremity and bilateral lower extremities. Sensation was intact in lower extremities. Clonus was negative. The injured employee was able to walk on heels and tip toes without difficulty. Impression was cervical radiculopathy. The patient was recommended to undergo repeat MRI as well as EMG/NCV of right upper extremity.

A preauthorization determination dated 01/05/11 by Dr. recommended non-authorization of request for upper extremity EMG/NCV. Dr. noted there was documentation that the same diagnostic service was previously denied in 11/10. He further noted that since that previous denial, discernable documentation was furnished which specifically and clearly addresses rationale on which the previous denial was based. The documentation dated 11/18/10 was noted, and did not specify the area involved that might correlate with specific neurologic, dermatological, and / or cervical spine spinal area. The only discernable diagnosis listed in available data was cervical radiculopathy. Dr. noted that typically repeated electrodiagnostic studies are performed when the claimant has had progression of clinical neurologic findings. He noted that the medical records reviewed did not support such situation as in this case.

A reconsideration / appeal determination dated 02/09/11 by Dr. determined the appeal request for right upper extremity EMG/NCV was non-certified as medically necessary. Dr. noted that cervical MRI obtained on 01/06/11 revealed no significant changes compared to previous study in 2006. The records did not document the presence of any new changes on neurologic examination. Dr. further noted that cervical MRI performed 01/06/11 did not document the presence of any findings consistent with presence of compressive lesion upon any of neural elements of cervical spine. As such, Dr. determined that Official Disability Guidelines would not support the request to be one of medical necessity as there was no documentation of any new changes on neurologic examination.

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

Based on the clinical information provided, the right upper extremity EMG/NCV is recommended as medically necessary. The patient sustained an injury secondary to a fall. She underwent extensive conservative treatment with limited improvement. An MRI of cervical spine on 12/04/06 revealed spondylosis at C4-5 associated with moderate right-sided neural foraminal stenosis, which potentially could impinge upon the exiting right C5 nerve root. At C3-4 there is mild left sided neural foraminal stenosis related to left sided facet joint arthropathy. Spondylosis associated with very mild 1-2 mm anterolisthesis of C3 in relation to C4 and C4 in relation to C5 also was noted. There was no central canal stenosis at any level, and no cord compression. Repeat MRI performed on 01/06/11 reported no significant interval change compared to prior study of 12/06. Examination on 11/18/10 noted positive Spurling's grade 4 right biceps weakness, and decreased sensation in the right thumb. Examination on 01/11/11 reported 4/5 right triceps and biceps weakness and decreased sensation in right, otherwise 5/5 muscle strength in upper extremity on left. Noting that there is evidence of cervical radiculopathy (positive Spurling's, motor weakness) as well as possible peripheral nerve entrapment (sensory deficit right thumb), the proposed EMG/NCV of the right upper extremity is indicated as medically necessary to differentiate neurologic dysfunction identified on clinical examination.

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