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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 04/11/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat EMG/NCV study of the bilateral upper extremities

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

Board Certified in Neurology

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☐ Overturned (Disagree)

X 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.

Repeat EMG/NCV study of the bilateral upper extremities - Partially Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with dated 05/02/11, 05/17/11, 05/25/11, 05/31/11, 06/06/11, 06/14/11, 06/28/11, 07/12/11, 08/17/11, 08/31/11, 09/14/11, 10/03/11, 11/17/11, 12/19/11, 01/30/12, and 02/20/12

Letter from dated 05/02/11
Authorization to supply copies of medical records dated 05/02/11
A Return to Work/School Certificate dated 05/05/11
A prescription for Skelaxin dated 05/31/11 and Robaxin dated 06/06/11
NCV study dated 06/07/11
Request for outpatient services dated 07/20/11
DWC-73 forms dated 07/25/11, 08/10/11, 08/17/11, 08/31/11, 09/14/11, 10/03/11, 10/19/11, 11/17/11, 12/19/11, 01/30/12, 02/20/12, and 03/14/12
Admission orders dated 08/03/11
Hospital orders and notes dated 08/04/11
Preoperative history and physical from dated 08/04/11
Operative report from dated 08/04/11
Postoperative progress note dated 08/04/11
Discharge note dated 08/04/11
Request for therapy from dated 08/10/11
Prescriptions from for physical therapy dated 09/14/11 and 11/17/11
Physical therapy evaluation dated 11/18/11 with
Cervical spine MRI dated 12/13/11 and interpreted by.
Evaluations with dated 02/16/12, 03/14/12, and 04/03/12
A prescription from dated 01/16/12 for Lodine and another illegible medication
Utilization Review Determinations from dated 03/09/12 and 03/26/12
Undated DWC-73
Undated preauthorization request
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 05/02/11, examined the patient. Ultram, Mobic, and Skelaxin were prescribed for the diagnoses of posttraumatic cervical myositis markedly severe on the right, right posttraumatic median neuropathy, and posttraumatic impingement syndrome of the left shoulder. On 05/25/11, he had rigid paracervical musculature on the right and was limited in right and left lateral bending. He had multiple trigger points in the trapezius. The patellar and Achilles' reflex were 1. He remained off work and was continued on his medications. On 06/06/11, noted the patient was scheduled for an EMG/NCV study the following day and a possible cervical MRI was recommended. The EMG/NCV study showed compression syndrome of the median nerve at the right wrist on 06/07/11, according to reviewed the EMG/NCV on 07/12/11. He still had pain, numbness, and discomfort in the right hand and cervical spine and his reflexes were holding. Therapy three times a week for three weeks for the cervical spine was recommended, as well as a possible release of the median nerve. performed an open carpal tunnel release on the right on 08/04/11. On 08/17/11, he still had significant cervical pain and now pain in the right shoulder. He had good sensation in the thumb and index finger and decreased sensation in the long and long side of the ring finger. Therapy was recommended and Mobic and Robaxin were continued. The patient informed on 09/14/11 that he had good sensation to two point discrimination in the thumb, index, long, and ring

fingers. He had a sensory deficit on both sides and on the ring finger it came out to the PIP joint. Continued therapy three times a week for six weeks was recommended. On 11/17/11, they discussed seeing a spine specialist and continued therapy was recommended. A cervical MRI dated 12/13/11 revealed acquired spinal stenosis and mild annular bulging at C3-C4, C5-C6, and C6-C7. There was no definite evidence of disc protrusions and the foramina were bilaterally patent. noted on 12/19/11, the patient's current medications were Vicodin, Zanaflex, Skelaxin, and Robaxin. It was noted he was getting ready to start 10 sessions of therapy and the MRI was reviewed. On 01/30/12, his biceps and triceps reflexes were 1+ and there were trigger points across the trapezius. Continued therapy was recommended. examined the patient on 02/16/12. Another EMG/NCV study was recommended and Lodine was prescribed. The cervical MRI was reviewed. On 02/20/12, discussed the patient's examination with and deferred to him for recommendations. On 03/09/12, on behalf of provided an adverse utilization determination for the requested repeat EMG/NCV study of the right upper extremity. On 03/14/12, noted the patient was having no success with Lodine, therapy, or splints. He noted the request for the study was in accordance with the ODG. On 03/26/12, also on behalf of also provided an adverse determination for the requested repeat EMG/NCV study of the bilateral upper extremities. On 0/03/12, provided a note stating they were waiting on IRO review and pending the EMG/NCV study.

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

On review of the initial NCV study performed by on 06/07/11, a needle EMG study was not performed and no evaluation of the C5, C6, or C7 nerve roots was performed on that examination, just a peripheral NCV study of the right arm. I would recommend partial approval of the request for an EMG study at this time. This is not a repeat EMG study as he never had an initial needle EMG study examination. I would recommend needle EMG study of the right cervical spine and right arm only and not the left arm, which has no evidence of cervical radicular symptoms or other neurological symptoms. I agree with that postoperative assessment of the median nerve is appropriate due to the objective findings he has noted. Furthermore, the claimant is not showing significant improvement with the conservative treatment he has already received. I have reviewed the previous denials of the repeat EMG/NCV study and agree with some of the reviewing physicians' conclusions, but I do not agree that a right arm and neck needle EMG study should not be performed, as these were not studied initially. This is a not a repeat EMG study of the right arm as only nerve conduction studies were performed on the initial study. Therefore, an EMG study of the right cervical spine and right arm only would be appropriate at this time. A repeat NCV portion of the study, of either the left or right arm or the cervical spine, would not be appropriate. I find that that the previous adverse determinations should be partially overturned at this time.

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 AND KNOWLEDGE BASE
- ☐ 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
- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- X 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)