



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE: December 26, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCV Bilateral upper extremities

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

M.D., board certified orthopedic surgeon with extensive experience in the evaluation of patients suffer cervical pain and radiculopathy

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 finds that EMG/nerve conduction studies would be considered medically unnecessary at this time.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. forms
2. TDI referral forms
3. Certification of independence of the reviewer
4. Denial letters, 11/30/12 and 12/10/12
5. Prescription EMG/NCV study, upper extremities to rule out cervical radiculopathy, 11/20/12
6. Clinical notes, , M.D., between 11/20/12 and 02/02/09

7. Fax cover sheet, 12/14/12
8. X-ray reports, thoracic spine, 08/27/12 and 04/30/12, cervical spine, 04/10/09 and 08/27/12, lumbosacral spine, between 01/30/09 and 08/27/12
9. Lumbar myelogram with CT scan 09/22/10 and 02/12/09
10. Lexiscan and echocardiogram, 02/24/12
11. Operative report, 03/02/12, decompressive laminectomy, T9 through T10, with posterior fusion and transforaminal lateral interbody fusion

PATIENT CLINICAL HISTORY [SUMMARY]:

The examinee is a male who suffered a fall of approximately 80 feet within a harness device on xx/xx/xx. He suffered multiple injuries and has undergone a number of surgical procedures subsequent to this injury. He underwent left shoulder removal of hardware on 03/27/07, ACDF C5/C6 on 02/12/08, L3/L4 and L4/L5 laminectomy/discectomy with lumbar interbody fusion, L4/L5 and posterior fusion on 08/01/08 with spinal fusion T8 through T11 and T9/T10 laminectomy on 03/02/12. The examinee has undergone a number of diagnostic studies. Recently he began developing numbness and tingling in the fourth and fifth fingers of the right hand. A request to perform bilateral upper extremity EMG/NCV study was made. It was considered and denied; it was reconsidered and denied.

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

The denial of the request to preauthorize EMG/nerve conduction studies of both upper extremities was appropriate and should be upheld. The medical records include no physical findings to confirm the presence and suggest the presence of radiculopathy or compressive neuropathy. In the absence of physical findings, EMG/nerve conduction studies would be considered medically unnecessary 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 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 judgment, 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 national accepted medical literature (provide a description).

Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) NASS evidence-based clinical guidelines for multidisciplinary spine care, reference to the use of EMG/nerve conduction studies and Spurling's test to suggest radiculopathy or neuropathy