



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Notice of Independent Review Decision

Date notice sent to all parties: 05/07/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat EMG/NCV study of the upper extremity

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Repeat EMG/NCV study of the upper extremity - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Cervical MRI dated 01/19/10
Operative report dated 11/10/10

Cervical x-rays dated 12/28/10, 03/15/11, 04/20/11, 03/01/12, and 10/04/12
Reports dated 03/15/11, 04/05/11, 04/19/11, 07/21/11, 08/18/11, 10/06/11,
11/17/11, 01/05/12, 05/17/12, 10/04/12, 11/07/12, 01/23/13, and 03/20/13

Thoracic x-rays dated 04/14/11

Impairment rating evaluation dated 04/26/11

DWC-69 forms dated 04/26/11

Cervical CT myelogram dated 10/31/12 and interpreted

Utilization Review Determinations dated 03/25/13 and 04/16/13

A letter dated 04/03/13

A letter from the carrier addressed to Professional Associates dated 04/25/13

The Official Disability Guidelines (ODG) for the Occupational Disorders of the Neck and Upper Back were provided by the carrier/URA

PATIENT CLINICAL HISTORY [SUMMARY]:

A cervical MRI dated 01/19/10 revealed a 2 mm. central disc protrusion at C7-T1 that produced central compression of the thecal sac, but no lateralization or cord compression. There was a 1.5 mm. central disc protrusion at C4-C5 contacting the ventral surfaces of the cord. There was a broad based 1.8 mm disc protrusion and/or spur at C5-C6 with a fissure in the annulus. There was a slight disc bulge at C6-C7 and right foraminal stenosis, mild, at C4-C5 and mild right foraminal stenosis at C5-C6. There was moderate right facet arthropathy at C4-C5. performed an ACDF at C4-C5 and C5-C6 on 11/10/10. X-rays of the cervical spine on 03/15/11 were stable. On 03/15/11, examined the patient. He had soreness in the lower anterior aspect of his neck, like something was stuck there. Coughing aggravated the soreness. Motor strength was 4/5 throughout the upper extremities on the left, but 5/5 on the right. Tinel's was positive on the left in the carpal and cubital tunnels, but negative on the right. Continued therapy and a possible right subacromial decompression were recommended. X-rays of the thoracic spine dated 04/14/11 revealed moderate multilevel degenerative disc disease in the thoracic spine. performed an impairment rating on 04/26/11. The patient was placed at statutory MMI on 02/06/08 and assigned a 29% whole person impairment rating. On 08/18/11, noted the patient had completed therapy was doing well. His headaches were gone, but he did have some trouble with forward elevation in the right shoulder, which was 130 degrees. He had a recent stint placement and was on Plavix. Strength was 5/5 throughout the bilateral upper extremities. Additional therapy for the neck and shoulder was recommended. Motrin was stopped due to the Plavix and Hydrocodone was continued. On 11/17/11, the patient returned. He had completed therapy for the neck and shoulder. It was noted he was to have x-rays that day, but they had been denied. Examination was unchanged. Cervical flexion was 30 degrees, extension was 50 degrees, right rotation was 50 degrees, and left rotation was 60 degrees. Hydrocodone was continued and he was asked to return in eight weeks for x-rays. X-rays of the cervical spine dated 03/01/12 revealed a stable postoperative spine. On 05/17/12, the patient informed he had not had his BRC and he had interviewed for jobs, but had been unsuccessful. Examination was again unchanged. X-rays were noted to show a stable fusion. Hydrocodone was

refilled and Cymbalta and Flexeril were added. He was asked to return in 12 weeks for x-rays. On 10/04/12, noted the x-rays that day revealed intact hardware and fusion with severe degeneration of C6-C7 with some anterior osteophytes covering the distal end of the plate. The patient noted his balance was off and a CT myelogram was felt to be appropriate. Tramadol, Motrin, and Flexeril were refilled. A CT myelogram of the cervical spine was obtained on 10/04/12 and it revealed status post fusion from C4-C6. There were broad based disc osteophyte complex seen posteriorly at C6-C7 without significant central canal or neural foraminal narrowing. reviewed the CT myelogram on 01/23/13. It was noted the patient complained of right sided arm and shoulder pain that radiated down his arm and it was felt an EMG/NCV study would be appropriate to localize the nerve root area that his pain might be originating from and help plan an ESI. A right C6-C7 ESI would be planned and Tramadol, Motrin, and Flexeril were continued. On 03/20/13, noted his neck pain was likely due to the C6-C7 severe spondylosis, making the level non-functional. Cervical range of motion and examination was unchanged. Chiropractic treatment and C6-C7 facet injections were recommended. On 03/25/13, provided an adverse determination for the requested repeat EMG/NCV study of the upper extremity. On 04/03/13, wrote a letter regarding the denial for the EMG/NCV study. He noted the working diagnosis was C6-C7 adjacent disc disease/stenosis. He noted the EMG/NCV study was requested for confirmation of possible lumbosacral radiculopathy. He noted the EMG portion had been approved, but not the NCV portion. He felt that would not be a complete study and again requested the EMG/NCV study of the upper extremity. provided another adverse determination on 04/16/13 for the requested EMG/NCV study of the upper extremity.

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

This patient has previously undergone anterior cervical discectomy and fusion. His primary complaints at this time are axial in nature with headaches. The patient has degenerative changes at C6-C7 and the CT myelogram on 10/31/12 did not demonstrate significant neural foraminal narrowing or central canal stenosis. In the absence of nerve compression, an EMG/NCV study would not yield useful clinical information.

The clinical basis for the EMG/NCV study cannot be established based on the records reviewed. The ODG indicates that while EMG/NCV study is recommended in selective cases, it is only moderately sensitive in highly specifics. EMG/NCV study findings are not predictive of cervical outcome and cervical surgery. Radiculopathy requires identification of neurogenic abnormalities in two or more muscles that show the same nerve innervation, a difference of peripheral nerve supply. This individual has no radicular pain complaints and no objective radicular findings. Therefore, again, the electrodiagnostic study would not yield useful clinical information.

Based both on clinical examinations and the recommendations of the ODG, the patient is not a candidate for repeat EMG/NCV study. Therefore, the repeat EMG/NCV study of the upper extremity is neither medically reasonable nor necessary and would not be in accordance with the ODG. The previous adverse determinations should be upheld 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 KNOWLEDGBASE
- 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)