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Notice of Independent Review Decision

Date notice sent to all parties: 05/16/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCV study of the left 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.

EMG/NCV study of the left upper extremity - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

Per a PLN-11 dated 10/20/06, the carrier disputed the right shoulder disability and the current medical treatment for a partial undersurface mid substance tearing of

the anterior to mid supraspinatus, AC joint hypertrophy, Type I acromion, and any stripping of the joint capsule from the glenoid. On 11/25/08, the carrier stated the compensable injury of xx/xx/xx was a right shoulder sprain/strain and a cervical sprain/strain/fusion only. They contended any other diagnoses were not related. On 02/03/11, the carrier disputed the original injury extended to include the bilateral collar bones, bilateral elbows, and the thoracic and lumbar spines. interpreted an EMG/NCV study on 11/29/11. There was no electrodiagnostic evidence of an acute cervical radiculopathy at C5-T1 bilaterally. There were chronic changes in the C6 distribution on the right. There was no electrodiagnostic evidence of median neuropathy or ulnar neuropathy. performed an IME on 12/21/11. He felt the patient had a post laminectomy syndrome and chronic pain syndrome. He felt only maintenance follow-up was required, as there was little to no improvement in her symptoms with the treatment she was receiving. Her current medications were noted to be Lunesta, Voltaren cream, Tramadol, and Robaxin. He suggested discontinuing Robaxin, as it was a muscle relaxant, which was not supported by the ODG. He noted Lunesta was a hypnotic for sleep and was also not supported by the ODG. He noted the data from the ODG indicated Voltaren cream did not work any better than tablets. However, the patient noted the tablets made her sick to her stomach. felt continued Voltaren cream was appropriate and he also felt the Tramadol was appropriate. He also felt a spinal cord stimulator would likely not be effective, as her reflexes were okay, she had no atrophy, and there was no clear cut evidence of radiculopathy. On 01/23/12, noted the patient had a C5-C6 and C6-C7 ACDF with a redo fusion on 11/28/07. Her instrumentation was removed on 06/10/10. She had neck and bilateral trapezial pain. It was noted a cervical CT myelogram had been requested, but denied. It was requested again. provided a rebuttal letter on 02/01/12. He noted he did not change any of his previous opinions. A cervical CT myelogram dated 02/21/12 revealed postoperative changes and mild spondylosis of the cervical spine with mild neural foramina narrowing. On 02/24/12, examined the patient. Percocet, Phenergan, and Zanaflex were continued. The assessment was a cervical sprain/strain. On 02/27/12, reviewed the myelogram. She was referred back for bilateral C3-C4 selective nerve root blocks. If negative, they would proceed with bilateral C4-C5 selective nerve root blocks. Her medications were refilled and the selective nerve root blocks were recommended. On 05/29/12, the patient informed she had been in bed for the last two weeks due to pain. She had neck pain radiating to her left arm down to her third and fourth digits. She also had radiation down the right arm. Neurontin was prescribed and it was noted she had been referred to another provider for the selective nerve root blocks. On 07/17/12, her Percocet was temporarily increased, as she was awaiting the news on the selective nerve root blocks. Neurontin, Phenergan, and Zanaflex were refilled. On 02/13/13, reexamined the patient. She presented with increased pain. Cervical flexion and extension were 40 degrees and bilateral rotation was 50 degrees. Motor strength was 5/5 in the bilateral upper extremities. A new cervical MRI and Davis x-rays were recommended. On 02/28/13, appealed the denied MRI scan and Davis x-rays. On 03/08/13, prescribed Flexeril, Tramadol, and a compound cream. On 06/04/13, noted the carrier would not fill Flexeril or Tramadol. Her medications

were refilled. On 07/31/13, the patient returned. Her examination was unchanged. The MRI scan and Davis x-rays were again recommended. On 08/16/13, interpreted cervical films that demonstrated a solid fusion at C5-C6 and C6-C7 and there was plate spanning from C6 to C7 with screws. On 11/26/13, noted motor strength was 5/5 in the upper extremities and reflexes were diminished in the triceps bilaterally, but slightly worse on the right than the left. The biceps reflexes were 1+ bilaterally. Cervical flexion was 35 degrees, extension was 30 degrees, and bilateral rotation was 45 degrees. Repeat electrodiagnostic studies were recommended. On 12/17/13, wrote a letter To Whom It May Concern regarding the denial of the EMG/NCV study. It was felt she had a neurological loss and the study was necessary. It was again requested. On 01/28/14, range of motion was unchanged. She had bilateral triceps weakness rated at 3+/5. It was noted her fusion was solid based on x-rays dated 04/07/13. A cervical CT myelogram was recommended. A cervical CT myelogram was obtained on 03/05/14 and revealed postoperative changes from the two level ACDF with intact instrumentation and no evidence to suggest pseudoarthrosis. There was degenerative spondylosis within the cervical spine with varying degrees of axillary recess narrowing and neural foraminal narrowing. On 03/10/14, reviewed the myelogram. Motor strength was 5/5 and there was a diminished right triceps reflex. An EMG/NCV study was recommended. On 03/21/14, noted he spoke to discuss the need for the electrodiagnostic study. On 03/21/14, provided an adverse determination for the requested EMG/NCV study of the left upper extremity. On 03/24/14, provided a notice of adverse determination. On 04/04/14, noted the patient had developed new signs of C6 and C7 radiculopathy and he felt the repeat EMG study was necessary. On 04/15/14, provided another adverse determination for the requested EMG/NCV study of the left upper extremity. On 04/15/14, the patient informed she was worsening and that the left was as bad as the right. Motor strength remained 5/5. She had hypoesthesia in the left C3 and C4 distribution to light touch and pinprick bilaterally. Cervical flexion and extension were 35 degrees. There was a diminished right triceps reflex. On 04/22/14, noted the patient had received a total of six surgeries and continued to have right cervical radiculitis. He noted she had known spondylosis at C3-C4, C4-C5, C5-C6, and C6-C7 and her fusions were solid at C5-C6 and C6-C7. Bilateral C3-C4 selective nerve root blocks for clarification of her pain generators were recommended.

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

The ODG indicates that to obtain an EMG/NCV study it must be medically necessary. In order to be medically necessary there must be objective

neurological changes on examination or in the patient's history to suggest that there is a new onset of a radicular process. The patient has been describing intermittent radiation of pain into the upper arm. The right sided triceps reflex was diminished, but there was little to no documentation regarding the left sided triceps reflex. Furthermore, the claimant had full motor strength at 5/5 on examinations. She also has no evidence of atrophy. There is no objective evidence at this time to suggest that there is radicular compression. Repeat CT myelogram demonstrated no radicular lesions to explain her symptoms. The last objective study was in 2011 and it demonstrated the changes from her prior multiple cervical surgeries. At this time, there are no acute findings that would require electrodiagnostic studies. The electrodiagnostic study would not change any treatment recommendations. Therefore, the requested EMG/NCV study of the left upper extremity is not reasonable or necessary or in accordance with the ODG and 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 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)