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IRO Certificate

**Notice of Independent Review Decision**

DATE OF REVIEW: 8/07/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE  
Left Upper Extremity EMG/NCV, in office; CPT: 95860, 95909

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION  
Physician Board Certified in Neurosurgery

REVIEW OUTCOME

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

Upheld	(Agree)
<b>Overtured</b>	<b>(Disagree) <u>X</u></b>
Partially Overtured	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

This case involves a male with history of an injury in xx/xxxx, with his being hit in the back of the head by a piece of safety equipment. He developed head and neck pain at that time and this led to a C5-6 and C6-7 anterior cervical discectomy/fusion in 2002. He was better for a while following the procedure but had recurrent pain. The next notes reviewed were in 2010 and it is apparent from those notes that the patient was having intermittent discomfort in his head and neck since that time with a development of weakness in the left upper extremity. Evaluation in 2010 by electrodiagnostic studies showed a C6 radiculopathy on the left side. A spinal cord stimulator was placed for the relief of pain in 2012. A CT myelography in January of 2014 showed possibly surgically correctable pathology at the C3-4 and the C4-5 levels with the fusion that had previously been done showing no problems. A request for an EMG evaluation especially of the C4-5 area has been recommended to evaluate the area of denial for a C4-5 anterior cervical discectomy/fusion.

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

**Opinion: I disagree with the benefit company's denial of the electrodiagnostic testing.**

Rationale: The patient has persistent symptoms suggesting possibly surgically correctable pathology at the C4-5 level and this could be evaluated more thoroughly by the electrical test recommended. If a C-5 radiculopathy is found on EMG, additional help by the proposed C4-5 anterior cervical discectomy/fusion may be very beneficial.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE

## **THE DECISION**

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X**

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE DESCRIPTION)