

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0717-01  
IRO Certificate Number: 5259

January 23, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

### CLINICAL HISTORY

A 47-year-old female was working as a driver when she slipped on a puddle in a parking lot and fell landing on her right hand and both knees, and sustained a "twisting injury" to her neck, back and right shoulder in the process of falling. This occurred on \_\_\_\_. She then underwent chiropractic care and physical therapy, and also eventually received an epidural steroid injection to her cervical spine under the concurrent care of a medical doctor.

### REQUESTED SERVICE (S)

The prospective medical necessity of a proposed EMG/NCV of the bilateral upper extremities.

### DECISION

Approved.

## RATIONALE/BASIS FOR DECISION

The medical records submitted document the presence of an injury to the cervical spine and multiple level disc herniations are confirmed on both MRI as well as myelography and post myelography CT scanning.

The notes submitted from date of service 08/19/03 from \_\_\_ find “sensory changes in the right C6 distribution,” and the patient reported “progressive weakness in her hands and dropping objects.” In \_\_\_ plan, he stated that he wanted to “get new EMG studies of the right upper extremity to rule out cervical radiculopathy versus carpal tunnel syndrome.” According to peer reviewed medical literature,<sup>1, 2</sup> this is an acceptable practice in making this differential diagnosis.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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<sup>1</sup> *Electromyography and Neuromuscular Disorders*, by David C. Preston, M.D., and Barbara E. Shapiro, M.D., Ph.D., Chapter 16: Median Neuropathy, and published by Butterworth-Heinemann

<sup>2</sup> *Muscle & Nerve*, 15:229-253, February 1992, American Association of Electrodiagnostic Medicine Guidelines in Electrodiagnostic Medicine, Published by John Wiley & Sons, Inc.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 26<sup>th</sup> day of January 2004.