



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1456-01
Social Security #: XXX-XX-_____
Treating Provider: Steven Cry, MD
Review: Chart
State: TX
Date Completed: 7/27/06

Review Data:

- **Notification of IRO Assignment dated 6/9/06, 1 page.**
- **Receipt of Request dated 6/9/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 5/22/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Case Review dated 5/8/06, 1 page.**
- **Fax Cover Sheet dated 6/9/06, 5/1/06, 2 pages.**
- **Referral Form dated 4/11/06, 1 page.**
- **Follow-up Visit dated 4/7/06, 2 pages.**
- **Nerve Conduction Study (date unspecified), 2 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for repeat bilateral upper extremity electromyogram/nerve conduction velocity (EMG/NCV).

Determination: REVERSED - the previously denied request for repeat bilateral upper extremity electromyogram/nerve conduction velocity (EMG/NCV).

Rationale:

Patient's age: 57 years

Gender: Male

Date of Injury: _____

Mechanism of Injury: Not stated for this review.

Diagnoses: Status post C4-C6 anterior cervical discectomy and fusion, date not Provided; Left C7 radiculopathy.

Dr. Cyr examined the claimant on 04/07/06 for cervical and left upper extremity pain. The claimant received a series of selected nerve root injections (no date given) which provided relief of the upper extremity symptoms for several days. On examination, the claimant had a positive Spurling's maneuver and a left inverted radial reflex. Dr. Cyr's review of an MRI done on

2/15/03, showed multilevel pathology significant at C6-7 with severe narrowing of the left neuroforamen. Dr. Cyr gave a diagnosis of left C7 radiculopathy. Dr. Cyr is now requesting an EMG/NCV of the upper extremities, bilaterally, for assessment of myelopathy before surgical intervention. Based on the information provided for review, the requested EMG/NCV is recommended as medically necessary. The physician has documented that this claimant has had a distinct change in his condition. The physical examination showed that he has positive examination findings, most importantly, a positive left inverted radial reflex. This is a pathological reflex indicative of a myelopathy. In this instance, it would be reasonable to proceed with the request for bilateral upper extremity EMG/NCV, as he may certainly be a candidate to surgery.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
The Spine, 5th Edition, edited by Harry Herkowitz, M.D., et al.

Guidelines in Electrodiagnostic Medicine, edited by Michael J. Aminoff, M.D.

Physician Reviewers Specialty: Orthopedic Surgeon

Physician Reviewers Qualifications: Licensed M.D. in Orthopedic Surgery.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

Your Right to Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S.

Postal Service from the office of the IRO on this day of July 27, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee **Lee-Anne Strang**

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