

Applied Resolutions LLC

An Independent Review Organization
1124 N. Fielder Road, #179, Arlington, TX 76012
(512) 772-1863 (phone)
(512) 853-4329 (fax)

DATE OF REVIEW: August 5, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical Necessity of **EMG**

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters-6/13/08; 6/25/08
Medical Records from Dr. -6/6/08; 6/20/08; 6/25/08
Labcorp-6/11/08
MRI-2/20/08
.6/6/08
Medical Records from Dr. -6/24/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old man who reportedly tripped in a hole on xx/xx/xx and developed back pain. He reportedly had a prior lumbar operation in 2002. I do not have further details of the level. He reportedly described bilateral lower extremity numbness. Dr. described his pain diagram as showed "pain in the lower extremities and buttocks distally." This was not made available for review. Dr. described (6/6/08) a normal motor examination. The ankle jerks were absent and the knee jerks depressed. He found reduced

sensation along the right thigh, and the medial and lateral right calf. The blood sugar was up some. The MRI (2/2/08) showed a 1-2mm herniation at L1-2, a 1mm byulge at L2-3, a 2mm herniation at L3-4, a 2-3 mm herniation at L4-5 with facet arthropathy and a 1-2mm herniation at L5-S1 with bilateral facet arthropathy with formainal stenosis. None of the MRI reports described nerve root compression nor the prior back surgery, fibrosis or other post operative changes. Dr. argued that the EMG was medically necessary to determine the appropriate treatment.

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

The Reviewer agrees that a diagnosis has not been established. The Reviewer does not have the pain drawings. The buttock pain and the leg pain could actually reflect a peripheral neuropathy and the back pain from the facet arthropathy. The medial and lateral calves are innervated by different dermatomes. The Reviewer could not determine from this if the S1 or L3 dermatomes were involved. For the same reason, the Reviewer did not know where on the thigh the reduced sensation occurred.

Asymptomatic disc herniations are very common.

Determining the correct level of involvement could effect treatment. It was clear surgery was not under consideration. Epidural injections would best be at the level of involvement. It must be recalled that a high number of variations do exist in muscle innervation and that the charts taught are not always accurate.

The EMG would not differentiate a radiculopathy from a disc herniation compared to spinal stenosis or foraminal stenosis. These were described on the radiological studies. The latter two are degenerative and were most likely present when the MRI was done right after the injury.

The back pain itself may be from the facet problems. This would require a different treatment. The symmetrical sensory complaints described on the pain drawing suggest a neuropathy. The latter would not be work related and not treated or rated under the Workers' Compensation regulation.

Lastly, the EMG may confirm a radiculopathy and give objective evidence that would have a bearing in giving him an impairment rating. The fact that he had prior lumbar surgery would limit the value of any EMG findings limited to the paraspinal muscles or polyphasic potentials without spontaneous activity in the extremities along a specific myotome.

American Association or Electrodiagnostic Medicine (AAEM), which changed its name to American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM) provided Guidelines in 1999 that have been updated. There are no specific practice parameters for lumbar radiculopathy as there are for cervical radiculopathy. Electrodiagnostic "studies can help establish these diagnosis, as well as identify other relevant problems, define the severity and chronicity of the disorder, and/or provide information useful for prognosis and treatment." This applies to radiculopathy. Electrodiagnostic "studies are a supplement to, and not a replacement for, a careful

history and physical examination...” Electrodiagnostic “studies should not be performed if the information will not potentially enhance the patient’s care.” The Reviewer’s medical assessment is that, treatment options would depend on the results of the EMG. In fact, multiple nerve root involvement would lead to the underlying stenosis as the cause of the symptoms.

Further, The ODG states: EMGs (electromyography) Recommended as an option (needle, not surface). EMGs (electromyography) **may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ... EMG's may be required by the AMA Guides for an impairment rating of radiculopathy.** ([AMA, 2001](#)) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended.

“The impairment may be verified by electrodiagnostic findings.” (AMA Guides- 4th edition) page 102. The criteria used should be based on page 109 of the AMA Guides.

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)**