



IRO#
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Notice of Independent Review Decision

DATE OF REVIEW: 04/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Electromyography and Nerve Conduction

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

This case was reviewed by a Texas licensed DO, specializing in Neurological Surgery. The physician advisor has the following additional qualifications, if applicable:

AOA Neurological Surgery

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Electromyography and Nerve Conduction	95860	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. The records indicate that on the date of injury, the claimant developed low back pain. He is reported to have undergone conservative treatment and underwent a lumbar laminectomy performed by Dr. in 1987. He subsequently did well from this until re-injury occurring on xx/xx/xx, which ultimately resulted in performance of a fusion procedure. He is reported to have ultimately undergone a trial with dorsal column stimulator with significant relief, which was later removed. The claimant underwent a trial of intrathecal pump and was noted to be successful. However, this does not appear to have been approved under utilization review. Records indicate that the claimant's primary treating pain management specialist was Dr. The claimant subsequently relocated and came under the care of Dr. on 01/26/11. Dr. notes indicate that the claimant has had a total of

7 low back surgeries since 1991. He reports that the claimant has not had any recent scans. He complains of aching and burning/stabbing pain in low back radiating into right leg. On physical examination, the claimant is 6'6" tall and weighs 248 lbs. He is well developed and well nourished. He is tender to palpation over the lumbar spine. He walks with mildly antalgic gait favoring the right leg. Range of motion of lumbar spine reveals flexion to 40 degrees, extension to 0 which produces low back pain. Lateral bending to 10 degrees left and right was noted. Straight leg raise on right is at 40 degrees and produces low back and right leg pain. Motor exam revealed 5/5 strength in lower extremity muscle groups with sensory hyperesthesia to pin over the right foot. Reflexes are 2%2B at right knee, 1+ at left, and absent bilaterally at ankles. Dr. subsequently recommended the claimant undergo EMG/NCV of lower extremities and CT myelogram of lumbar spine.

On 02/02/11, the request was reviewed by Dr. Dr. reports the requested lumbar myelogram is not medically necessary. The claimant has previous myelogram performed on 04/09 with solid fusion, as did earlier x-ray with no listhesis. There is no evidence that the claimant has chronic right leg pain with no indication of new complaints. There would be no indication for repeat CT of lumbar spine. Dr. further finds that EMG/NCV study of lower extremities is not medically necessary. She notes it is unlikely that further surgery or interventions would be warranted at this time and opines there is no need for another test such as EMG. She further notes the left leg is not involved, so bilateral testing would not be indicated. She notes there is no indication of peripheral neuropathy, so NCV is not supported.

The record contains a letter of appeal signed by Dr. dated 02/11/11. He notes that when the claimant presented, he had complaints of low back pain radiating into the right lower extremity. He had an antalgic gait favoring the right leg. Sensory exam revealed hypesthesia to pin over the right foot. Reflexes indicate a diminished right knee reflex. Straight leg raise on the right is at 40 degrees producing low back pain and right leg pain. Dr. subsequently reports he has requested an EMG to rule out evidence of axonal loss or denervation as well as lumbar myelogram to look for spinal cord or nerve impingement. A new request was reviewed on 02/17/11 by Dr.. Dr. recommends a partial approval approving the performance of lumbar myelogram. She notes that at no point in time, the claimant's physical examination findings are consistent with lumbar radiculopathy with some reflex changes noted on the most recent exam. She notes that the patient requires updated imaging and EMG/NCV would not be needed at this time without imaging studies first. This is an IRO request for Electromyography and nerve conduction of the bilateral lower extremities.

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

The request for electromyography and nerve conduction studies is not supported by the submitted clinical information and the previous non-certification for the performance of EMG/NCV study is upheld. The available clinical records indicate that the claimant has a longstanding history of low back pain secondary to a failed back surgery syndrome. The records indicate that the claimant has undergone seven surgeries to the lumbar spine and has residual low back pain with radiation into the right lower extremity. A review of the submitted clinical records indicates that the claimant has manifested right leg pain for an extended period of time. Dr. notes indicate that the claimant has right lower extremity pain with a sensory loss. The data as provided by Dr. does not indicate any significant change in this condition. It is further noted that the request was for bilateral lower extremities noting that the claimant is chronically symptomatic in the right lower extremity, the request for left lower extremity would not have been medically necessary. Given the claimant's surgical history, it is unlikely further surgical interventions will be attempted or clinically indicated. As such, the medical necessity for EMG/NCV is not established or supported by current evidence based guidelines.

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. ([Bigos, 1999](#)) ([Ortiz-Corredor, 2003](#)) ([Haig, 2005](#)) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. ([Dimopoulos, 2004](#)) 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. See [Surface electromyography](#).)

Nerve conduction studies (NCS): Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ([Utah, 2006](#)) See also the [Carpal Tunnel Syndrome Chapter](#) for more details on NCS. Studies have not shown

portable nerve conduction devices to be effective. [EMGs](#) (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

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)

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with 28 TAC §12.206(d)(19), 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 .