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Notice of Independent Review Decision

DATE OF REVIEW: 08/22/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: EMG/NCV for bilateral lower extremities.

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

Texas Board Certified Orthopedic Surgeon
Texas Board Certified Orthopedic Sports Medicine

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes dated 01/27/09 thru 07/12/11
2. Previous utilization reviews dated 06/28/11 and 07/19/11
3. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury to his low back. The clinical note dated xx/xx/xx detailed the employee complaining of low back and bilateral leg pain with associated weakness in both legs.

The employee's past surgical history is significant for a back surgery in 2003 and an anterior lumbar interbody fusion in 2004. The note detailed the employee complaining of ongoing low back pain with bilateral lower extremity weakness left greater than right. The employee was also noted to be experiencing left foot tingling.

The clinical note dated 07/12/11 detailed the employee's continuing with complaints of low back pain. The low back pain was noted to be a stabbing like sensation.

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

The documentation submitted for review elaborates the employee's complaints of ongoing low back pain with associated weakness in the lower extremities. Evidence-based guidelines recommends an EMG study provided the patient meets specific criteria. No documentation was submitted regarding the patient's previous involvement with conservative measures for at least one month. Evidence-based guidelines do not recommend NCV studies of the bilateral extremities as there is minimal justification for NCV studies on the basis of radiculopathy.

Given the lack of documentation regarding the employee's previous involvement with conservative measures to include physical therapy as well as a lack of certification, this request does not meet guideline recommendations. As such, the clinical documentation submitted for review does not support the certification of the request at this time.

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

Official Disability Guidelines, Low Back Chapter, Online Version:
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.