

Notice of Independent Review Decision

DATE OF REVIEW:

03/07/2011

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities (95861, 95900, 95903, 95904, and 95934).

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

EMG/NCV of the bilateral lower legs is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a xx year old female. The MRI showed a central L5/S1 herniation of nucleus pulposus (HNP) post lami (done in 03/2003) with left S1 root impingement. On exam, the injured individual has complaints of back and left leg pain, left leg straight leg raise (SLR), reduced sensation in the left S1 dermatome, and reduced left Achilles deep tendon reflex (DTR).

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

The electromyogram (EMG) is denied as the MRI showed left S1 root impingement and the physical exam (PE) agrees with this finding. The injured individual has reduced left S1 sensation and left S1 DTR. There is no need for an EMG since the clinical radiculopathy is well explained by the MRI evidence. The NCV is denied since this test is not supported for diagnosing radiculopathy in general in an injured individual.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES****Official Disability Guideline:**

EMG: 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](#).)

NCV: 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.