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Notice of Independent Review Decision

**DATE OF REVIEW:** 06/12/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

1 Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Bilateral Lower Extremities with Anal Sphincter Testing between 4/11/2012 and 6/10/2012. This is an appeal to review 119208.

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

Board Certified Urologist

**REVIEW OUTCOME:**

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

X Overturned            (Disagree)

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. 01/05/10 – Lower EMG and nerve conduction study
2. 03/28/10 –D.C.
3. 04/13/10 thru 04/21/10 –M.D., two visits
4. 04/18/10 –, D.C.
5. 07/16/10 – Upper and lower EMG and nerve conduction study
6. 07/27/10 –Imaging, MRI of the cervical spine
7. 07/27/10 –Imaging, MRI of the thoracic spine
8. 07/27/10 –Imaging, MRI of the lumbar spine
9. 08/25/10 thru 03/17/11 –M.D., fourteen visits
10. 05/11/11, 05/19/11- M.D.
11. 05/25/11 –D.C.

12. 05/26/11 thru 08/17/11 –M.D.
13. 08/29/11 –D.C.
14. 09/01/11, 09/14/11 –M.D.
15. 09/16/11 –Laboratory results
16. 10/11/11 –D.C.
17. 10/11/11, 10/20/11, 11/09/11 –M.D.
18. 12/13/11 –D.C.
19. 12/13/11 thru 01/26/12 –M.D.
20. 01/12/12 – Required Medical Evaluation
21. 01/26/12, 02/06/12, 02/16/12 –D.C.
22. 01/26/12 – M.D.
23. 02/21/12 thru 04/05/12 –, M.D., six visits
24. 04/10/12 –, Request for review determination for EMG/NCV of the bilateral lower extremities with anal sphincter testing
25. 04/11/12 thru 05/23/12 –M.D.
26. 04/11/12 – ESIS UR determination for EMG/NCV of the bilateral lower extremities with anal sphincter testing
27. 04/18/12 – Reconsideration
28. 04/19/12 – Non-certification for reconsideration
29. Official Disability Guidelines

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The employee is a male who in xx suffered injury of the cervical, thoracic, and lumbar spine with nerve compression and severe radiculopathy and chronic pain, as well as urinary storage symptoms and urinary urge incontinence and erectile dysfunction.

The employee has been seen by M.D. several times and has been managed clinically with untimely screenings and PD inhibitors with modest success. An urodynamic study was mentioned on the records, but was not available for review.

On 01/05/10, a lower EMG and nerve conduction study was performed as well as an upper and lower EMG and nerve conduction study were done, six months demonstrating severe radiculopathy. Also in 2010, an MRI of the cervical, lumbar, and thoracic spine were also performed demonstrating severe spinal cord compression bulge disc at several levels.

Per records reviewed, it is my understanding that this employee has not had any surgery of his spinal column at this point.

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

*Official Disability Guidelines* criteria stated his EMG may be his full unequivocal events of radiculopathy; however, EMGs are not necessary if radiculopathy is already clinically present. There is minimal justification for nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The employee has already been diagnosed with radiculopathy in 2010 and new information may not change management options at this point, although the clinical records demonstrate worsening of the employee's condition since 2010. Interestingly, studies performed by Haig in 2005 noted no correlation between intraoperative EMG findings and immediate postoperative pain. However, intraoperative spinal cord monitoring is becoming more common and beneficial during surgery. However, since this employee

had not had any surgical treatment, that can be an option at that point. The only justification for performing nerve conduction studies at this point on the basis of radiculopathy in this particular employee is the worsening of his clinical condition and the protracted course of appropriate treatment that has taken place in this particular case. Therefore, in my opinion, the electromyography and nerve conduction velocity of the bilateral lower extremity with anal sphincter testing is reasonable. Although it may not change long-time findings, it may establish a new baseline at this point for this particular employee.

Reference:

ODG Low Back Chapter

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.

## IRO REVIEWER REPORT TEMPLATE -WC

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

**X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**