

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 05/08/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Needle Electromyography; 1 Extremity with or without related paraspinal areas

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

Board Certified Physical Medicine and Rehabilitation Physician

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)

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. Pre-operative consultation report 01/11/05
2. Functional capacity evaluation 03/09/06
3. Office notes Dr. 01/29/07-09/15/11
4. MRI lumbar spine 12/28/05 and 02/21/07
5. Operative report left L5-S1 discectomy 01/11/05
6. Operative report caudal epidural steroid injection 01/17/06 and 02/10/06

7. Operative report right L4-5 transforaminal epidural steroid injection
03/23/07
8. Utilization review determination 03/29/12
9. Utilization review determination 04/06/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he sustained an injury while crawling removing tape from the floor. The injured employee has a history of previous injury from xx/xx/x which resulted in lumbar laminectomy/discectomy performed 01/11/05.

MRI of the lumbar spine on 02/21/07 reported no significant change since prior examination of 12/28/05. There is disc extrusion at L5-S1 displacing the left S1 nerve root. At L4-5 there is an asymmetric to the right disc bulge abutting the right L4 nerve root with mild bilateral lateral recess narrowing.

The injured employee was treated or the claimant underwent epidural steroid injections on 01/11/05, 01/17/06 and 02/10/06 and 03/23/07. He was also seen on 09/15/11 by Dr. who noted the patient had not been seen for over three years. It was noted that about a month and a half ago the patient started having the same kind of catch feeling he had before but this time it has not gone away. On examination the injured employee was noted to be 6'4" tall and 180 pounds. Lumbosacral spine evaluation demonstrated good lumbar flexion to about 90 degrees without any significant onset of pain. Extension is painful. Facet loading on the right was exquisitely painful. Facet loading on the left was moderately painful. There was tenderness to palpation in the lumbosacral spine. There was significant hypertonicity of the paraspinal musculature. There were negative dural tension signs. Paresthesia in the right anterior thigh was noted in comparison to the left side. Strength testing was normal throughout. Reflexes were symmetric. He was prescribed Meloxicam, Ultracet and Zanaflex.

A pre-authorization request for needle electromyography; one extremity with or without related paraspinal areas was reviewed on 03/29/12 and determined as non-certified. It was noted that in the reviewer's clinical judgement the clinical information provided does not establish medical necessity. According to **Official Disability Guidelines** regarding electrodiagnostic testing, NCV is considered unnecessary if the patient is presumed to have findings on the basis of radiculopathy. For EMG the guidelines state it can be recommended as an option (needle not surface) to obtain unequivocal evidence of radiculopathy after one month of conservative treatment, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case the provider reports indicate radiculopathy and the claimant has been receiving ongoing injections for radiculopathy, making

an NCV unsupported by the guidelines. For the EMG, there appear to be findings of weakness and numbness in the left hip/thigh that might require further evaluation to confirm radiculopathy. The EMG would have been supported; however, the provider's office would not accept a modification for the EMG only. As there was no agreed to modification the entire request was deemed not necessary.

An appeal request for needle electromyography; 1 extremity with or without related paraspinal areas was reviewed on 04/06/12 and previous non-certification determination was upheld. The reviewer noted it is not clear in the documentation provided if the claimant has completed 1 month of physical and conservative therapies. Also, as per Official Disability Guidelines, EMG is not necessary when radiculopathy is clinically obvious, which document does support.

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

Based on the clinical information provided, the request for needle electromyography is not supported as medically necessary. The patient is noted to have sustained an injury to low back on xx/xx/xx. He had history of previous back injury in 2004 for which a left L5 discectomy was performed on 01/11/05. He was treated on 09/15/11 after not being seen for over 3 years with complaints of increasing low back pain and catch feeling. It was noted the claimant has had no recent treatment since onset of symptoms. On examination there were sensory changes in right anterior thigh in comparison to left side. The patient has been undergoing treatment for radiculopathy with multiple ESIs, which would obviate the need for electrodiagnostic testing as radiculopathy is already clinically obvious. There was no documentation that the patient had had an appropriate course of at least 1 month of conservative therapy prior to seeking electrodiagnostic testing. There also was no current physical examination provided as the most recent office note submitted for review was dated 09/15/11. Given the current clinical data, medical necessity is not established.

Reference:

Official Disability Guidelines 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.

**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