



**MEDICAL EVALUATORS
OF TEXAS** ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

October 30, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG, Right Lower Extremity
EMG, Left Lower Extremity
Nerve Conduction Study, Right Lower Extremity
Nerve Conduction Study, Left Lower Extremity

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

This case was reviewed by a board certified Orthopaedic Surgeon currently licensed and practicing in the State of Texas.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Type of Document Received	Date(s) of Record
MRI of the Lumbar Spine	02/08/2013
Office visit	07/31/2013
A notification of adverse determination/partial	08/22/2013
A letter	09/03/2013
Medical Letter	09/03/2013
A Pre-Authorization Request Form	09/09/2013
A request for an IRO for denied services of, "EMG, left lower extremity; EMG, right lower extremity; NCS, left lower extremity; and NCS right lower extremity	10/22/2013



**MEDICAL EVALUATORS
OF TEXAS** ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008
800-845-8982 FAX: 713-583-5943

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained injury to her neck, mid back and lower back on xx/xx/xx. She attempted to report the injury and she was given a day off, and subsequently went back to work for two hours, and then two days. She reported the injury after termination. She then presented to ER and was informed that she had a strain to her back. She received therapy for her low back however not for her neck or mid back. She has received an injection in her buttocks. She has not received an ESI or facet injection. Treatment includes medications of Norco, Gabapentin and Soma. Lumbar MRI dated 02/08/2013 showed degenerative changes at T12-L1, which has not significantly changed since study of three years prior and disc herniation at L3-L4 and L4-L5. On physical exam dated 07/31/2013, she was noted to have lumbar facet pain and paraspinal spasm, positive SLR, lumbar flexion 60°, extension 0°, and right and left lateral bending 30°. Sensory and motor exam was normal. There was absent right and left Achilles and posterior tib reflexes.

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

This patient was diagnosed with a lumbar strain/sprain about 1 year ago after a work injury while moving a large water tank. She has failed numerous conservative modalities as listed above. To date, she has not received ESIs or facet injections. She has an MRI evidence of disc herniation at L4-5 with central stenosis. The treating physician has requested EMG with NCS to be performed.

In applying the ODG criteria for EDX, EMGs are recommended as a treatment adjunct for the low back. The surgeon has recommended EMGs to rule out a radicular source for the patient's pain, which has not responded to conservative modalities as would be expected for a lumbar strain/sprain. This would be done to establish diagnosis of a radicular source at L4-5 and guide further treatment. Criteria 1-3 are thus met. Based on the available records, I am not able to ascertain whether NCS would be performed directly by or under the direct supervision of the physician. Therefore, I cannot say with certainty that the patient meets criteria #4 for NCS. I would assume based on the records that the patient would be referred to a physical medicine specialist (Dr.) for testing and interpretation which would fulfill criteria 5-6. The ODG recommends against the use of NCS based on a lack of clinical evidence and limited diagnostic accuracy.

Based on the above, I would conclude that the patient meets ODG criteria for EMGs but not for NCS of the bilateral lower extremities. Thus, I would recommend partially overturning the previous adverse determination.



ODG criteria for Electrodiagnostic studies (EDS):

See also Nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. For more information and references, see the Carpal Tunnel Syndrome Chapter. Below are the Minimum Standards from that chapter.

Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards:

- (1) EDX testing should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy).
- (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for “screening purposes” rather than diagnosis are not acceptable.
- (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis.
- (4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed.
- (5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted.
- (6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. If both tests are done, the reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression.
- (7) If both tests are done, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. (AANEM, 2009) Note: For low back NCS are not recommended and EMGs are recommended in some cases, so generally they would not both be covered in a report for a low back condition.

ODG criteria for Nerve conduction studies (NCS):



MEDICAL EVALUATORS OF TEXAS ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008
800-845-8982 FAX: 713-583-5943

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) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) 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)