

Notice of Independent Review Decision

**March 7, 2013**

**IRO CASE #:**

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

1 Electromyography and Nerve Conduit Velocity (NCV) of the Bilateral Lower Extremities between 01/07/2013 and 03/08/2013

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. The physician is certified in pain management. The physician is a member of the Texas Medical Board. The physician has a private practice of Physical Medicine & Rehabilitation, Electro Diagnostic Medicine & Pain Management in Texas. The physician has published in medical journals. The physician is a member of his state and national medical societies.

**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 medical necessity exists for each of the health care services in dispute.

*Based on a review of all of the information provided and taking into consideration the ODG criteria, it is my recommendation that the needle EMG component is the only portion in this patient that would meet ODG criteria. The patient has fairly evident abnormalities either remaining or progressing from the original lumbar spine fusion, and a radiculopathy is the most probable diagnosis. This is also consistent with ODG criteria. The ODG criteria are noted below.*



# The DYLL REVIEW

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25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-4443

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

The patient is noted to be a female who injured her lower back while lifting xx/xx/xx. She was working. She is currently status post L5-S1 posterior lumbar interbody fusion with Peek implant, bilateral posterior lateral fusion with local bone, L5-S1, bilateral nonsegmental pedicle screw instrumentation 03/23/09. It is noted that she has not shown improvement since the surgery or with additional nonsurgical treatment. She is seen for increasing severity and worsening of her lower back pain. It is also noted the changes on CT/myelogram of the lumbar spine 12/01/12 revealing pedicle screws with halo formation at L5 and S1 screws bilaterally, laterally placed right L5 pedicle screw that protrudes out of the vertebra by 2 mm, two cages posterior lumbar interbody fusion in the L5-S1 disk space, bilateral foraminal stenosis at L4-5, ligamentum flavum hypertrophy L4-5, central stenosis L4-5, L3-4, L2-3, L1-2 normal, scar tissue measuring 11 x 10 x 10 mm displacing and surrounding the S1 nerve root.

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

The initial preauthorization request and denial was for lumbar EMG with nerve conductions of the lower extremities. This was subsequently modified on the reconsideration request when the medical invasive needle EMG was recommended for preauthorization, but nerve conduction studies were denied based on *ODG* criteria.

Appeal letter dated 02/18/13 indicated that the requested EMG/nerve conduction study on a workers' compensation patient was still being requested for EMG and nerve conduction. The working diagnosis at the time was discogenic pain L2-3, L3-4, L4-5, L5-S1. The EMG/nerve conduction study was requested to confirm a possible lumbosacral radiculopathy. The workers' compensation insurance company had only approved the needle EMG and not the nerve conduction study. It was opinion that this would be an incomplete test. The workup is to confirm radiculopathy with the nerve conduction study, most notably repetitive nerve stimulation and long-tract testing with H waves and F waves. The study would be incomplete if a needle EMG study was only completed and not complemented with a nerve conduction study. went on to request reconsideration for approval of both portions of his request, needle EMG and nerve conduction studies.

Based on a review of all of the information provided and taking into consideration the *ODG* criteria, it is my recommendation that the needle EMG component is the only portion in this patient that would meet *ODG* criteria. The patient has fairly evident abnormalities either remaining or progressing from the original lumbar spine fusion, and a radiculopathy is the most probable diagnosis. This is also consistent with *ODG* criteria. The *ODG* criteria are noted below.

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## **ODG CRITERIA:**

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.](#))

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:**

- 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)**