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**Notice of Independent Review Decision**

**DATE OF REVIEW:** October 8, 2014

**IRO CASE #:**

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

Bilateral lower extremity EMG/NCS.

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

M.D., Board Certified in Physical Medicine and Rehabilitation.

**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)

I have determined that the requested bilateral lower extremity EMG/NCS is not medically necessary for the treatment of the patient's medical condition.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who underwent right L4-5 laminectomy, partial facetectomy, lateral recess decompression, and L4-5 discectomy on 7/20/12. On 11/14/12, magnetic resonance imaging (MRI) of the lumbar spine without contrast revealed foraminal-based disc protrusion on the right at the level of L4-5, with moderately severe right neural foraminal stenosis. On 12/06/12, electrodiagnostic study revealed an abnormal electromyography/nerve conduction study (EMG/NCS) that was consistent with acute and chronic lumbosacral radiculopathy on the right. On 1/04/13, computed tomography (CT) lumbar myelogram revealed multilevel discogenic and spondylitic degenerative changes present throughout the lumbar spine with no evidence of significant central canal stenosis and significant neural foraminal encroachment at L4-5 and L5-

S1, right worse than left, with evidence of contact of exiting right L4-5 nerve roots and possible contact of the exiting left L4-5 nerve roots. On 8/14/14, the patient reported continued low back pain and numbness and tingling in the right lower extremity. On physical examination, it was noted the patient stood with an erect posture and demonstrated a normal gait pattern. The patient had significant spinal tenderness in the paraspinal musculature. He had a negative bilateral straight leg raise test. It was also noted the patient had no evidence of Waddell's signs present. The patient had normal sensation to light touch seen in both upper and lower extremities. It was also noted there was normal motor strength in the upper and lower extremities, except for 3/5 strength testing of the extensor hallucis longus in dorsiflexion of the right foot. Reflexes in the upper and lower extremities were normal and measured 2/4. It was also noted the patient demonstrated good range of motion of the lumbar spine. A request has been submitted for bilateral lower extremity electromyography/nerve conduction study (EMG/NCS).

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the denial stated in the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. Additionally, the denial indicated that there were no physical examination findings of left leg symptomatology to warrant bilateral study.

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

According to Official Disability Guidelines (ODG), electromyographies are not necessary if radiculopathy is already clinically obvious. The guidelines state that in the management of spine trauma with radicular symptoms, EMG/NCS have low combined sensitivity and specificity in confirming root injury. Furthermore, ODG state that the medical literature has demonstrated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The request for bilateral EMG/NCS remains unclear, as there is documentation provided showing that the patient had significant pathology to include neural foraminal encroachment L4-5 and L5-S1 which makes contact with exiting right L4-L5 nerve roots and possible contact with exiting left L4-5 nerve roots via CT lumbar myelogram performed on 1/04/13. In addition, there was an electrodiagnostic study provided for review which revealed acute and chronic lumbosacral radiculopathy on the right. There is a lack of rationale provided as to why an additional EMG/NCS is warranted and how it would provide the patient with a better clinical outcome. Furthermore, the patient's symptomatology and objective clinical examination findings favor the right lower extremity. It remains unclear why EMG/NCS would be performed on the left lower extremity. Based on the above factors, the requested bilateral lower extremity EMG/NCS is not medically necessary.

Therefore, I have determined the requested bilateral lower extremity EMG/NCS is not medically necessary for treatment of the patient's medical condition.

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**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 JUDGMENT, 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)