



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

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Notice of Independent Review Decision

DATE OF REVIEW: August 28, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG/NCS Bilateral Lower Extremities

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

This case was reviewed by a physician who holds a board certification in Physical Medicine and Rehabilitation and is 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)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a female who suffered a work related injury on xx/xx/xx, mechanism of injury is unknown. The patient was diagnosed with lumbar intervertebral disease without myelopathy, lumbar radicular syndrome, diabetic neuropathy, peripheral vascular disease and anxiety disorder. The patient has undergone conservative treatment in the form of medication, epidural injections, chiropractic treatment, physical therapy and psychological consultation of which were of no benefit at all except for the physical therapy. The patient has undergone a disc removal in 1994, stents placed in bilateral legs in 2012 and SCS implantation in 2012. A CT scan of the lumbar spine was performed on 07/18/2011 which showed a dorsal stimulator wire, disc protrusion at L4-5, severe degenerative disc disease at L5-S1 with severe right bony foraminal narrowing and spinal stenosis at L3-4 and L4-5. An MRI showed large herniation at L4-5 on the left. The patient was seen on 01/07/2014 stating she was getting over stimulated from her stimulator. It was mentioned that perhaps the stimulator be removed. She has radiculopathy, neuropathy and circulatory issues. She remained on Norco and Ultram. Objective findings revealed the patient was getting



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allodynia involving the right foot. Paravertebral muscles were tender bilaterally. Straight leg raise was positive at 90 degrees. Her lower extremity strength was present and symmetrical.

The patient was seen on 07/07/2014 for her six month follow up. She was sitting comfortably and did not have any difficulty acquiring a full upright position when getting out of a chair. She stands erect. Her gait is balanced. Her pelvis is level with the floor. Lower extremities strength is symmetrically present in all lower extremity muscle groups. Right light touch is abnormal at S1 dermatomes. Her medications include Norco, Klonopin and cyclobenzaprine. She was recommended EMG/NCS of bilateral lower extremities, which was non-certified because EMG's are felt not necessary if radiculopathy is already clinically obvious and there was minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

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

This patient has an underlying diabetic neuropathy, which will obscure any EMG or NCV results. Also, lumbar radiculopathy is clinically obvious, so it is not clear how the additional testing information will benefit planned future treatments. Finally, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Thus, the requested EMG/NCS of lower extremities is not medically necessary and appropriate.

**ODG – Low Back – Lumbar & Thoracic (Acute & Chronic)
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) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with



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suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. (Charles, 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)