

## NOTICE OF INDEPENDENT REVIEW DECISION

February 17, 2003

RE: MDR Tracking #: M2-03-0321-01  
IRO Certificate #: IRO 4326

The \_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 31 year old male sustained a work-related injury on \_\_\_ when he was delivering a refrigerator on a dolly when he slipped and fell backward. The patient complains of low back pain and numbness and tingling in his left leg. The treating chiropractor has recommended that patient under a left kinesiological surface electromyography (EMG).

### Requested Service(s)

Left kinesiological surface EMG

### Decision

It is determined the left kinesiological surface EMG is not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The Mercy Conference; Haldeman S, et al., Guidelines for Chiropractic Quality Assurance and Practice parameters – Proceeding of the Mercy Center Consensus Conference, Aspen, Gaithersburg, MD, 1993, indicates that the clinical usefulness of surface EMG to the evaluation of spine-related disorders is limited because discriminability of the procedure has not been fully evaluated. The recommendation of the Mercy Conference was the surface EMG has not been shown to be effective and generally, the use of the procedure remains investigational.

The American Association of Electrodiagnostic Medicine in the American Association of Electrodiagnostic Medicine, "Technology Review: The use of surface EMG in the diagnosis and treatment of nerve and muscle disorders", Muscle Nerve, 22: Supplement 8: S239-S242, 1999, indicates that there is almost no literature to support the use of surface EMG in the clinical diagnosis and management of nerve or muscle disease. They also state there are no clinical indications for the use of surface EMG in the diagnosis and treatment of disorders of nerve or muscle.

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The Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology report on the clinical utility of surface EMG indicated that, based on Class III data (evidence provided by expert opinion, nonrandomized historical controls, or observations from case studies) and inconclusive or inadequate Class II data (evidence provided by one or more clinical studies of a restricted population using a reference test in a blinded evaluation of diagnostic accuracy), surface EMG is considered unacceptable as a clinical tool in the diagnosis of low back pain at this time (Type E recommendation: Negative recommendation based on effectiveness or lack of efficacy, based on Class II or Class I evidence) (Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology; "Clinical Utility of Surface EMG", Neurology, 55:171-177, 2000.)

Bonine et al., studied the interexaminer agreement of palpation for soft tissue and osseous pain along with visual observations in the lumbar spine; and the interexaminer agreement of dermothromograph and surface EMG scans of the lumbar spine were assessed. The authors found that palpation for pain (osseous and soft tissue) and visual observation produced good to excellent interexaminer agreement. The interexaminer agreement of surface EMG scans and dermothromograph measurements were poor and considered to be clinically unacceptable. Palpation for pain was the only spinal assessment procedure to show consistent reliability in a number of studies. Boline PD, Haas M, Meyer JJ, Kassak K, Nelson C, Keating JC Jr., "Interexaminer reliability of eight evaluative dimensions of lumbar segmental abnormality: Part II." Journal of Manipulative Physical therapy, 1993 Jul-Aug; 16(6): 363-74.

This decision by the IRO is deemed to be a TWCC decision and order.

#### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 17th day of February 2003.
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