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An Independent Review Organization

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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:

Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury was not detailed in the information provided for review. The current diagnosis is documented as post laminectomy syndrome; low back pain. During the assessment on XXXX, the patient complained of continued problems with low back and right leg pain, as well as numbness and tingling. The patient reported worsening symptoms despite a recent injection. The patient was noted to be status post L4-L5 and L5-S1 anterior lumbar interbody fusion with posterior spinal fusion and instrumentation at L4-S1 performed on XXXX. It was noted that the patient was doing well until the last 6 months, when there was documented breakage in 1 of the S1 screws. The patient reported increased pain in the right leg. A CT myelogram was recommended. The patient underwent a lumbar myelogram on XXXX, which was noted to reveal operative changes of 360° fusion extending from L4-S1; central spinal canal stenosis noted at L2-L3 and L3-L4. The patient also underwent an MRI of the lumbar spine, which was noted to reveal postoperative lumbar spine with multilevel degenerative disc disease and facet osteoarthritis; central spinal canal stenosis is most pronounced at the L2-L3 level; central spinal canal stenosis also present at the L3-L4 level; nondisplaced fracture of the left S1 pedicle screw. During the assessment on XXXX, the patient complained of claudication type symptoms with bilateral leg symptoms. The physical examination revealed symmetric reflexes at the knees and ankles and a negative sitting root test. Bilateral EMG and nerve conduction studies were recommended to determine possible consideration of conservative decompression at L2-L3 and L3-L4.

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

The Official Disability Guidelines indicate that electrodiagnostic studies, such as electromyography are recommended as an option for low back pain. Nerve conduction studies are not recommended for low

back conditions. The records indicate that the patient is status post L4-L5 and L5-S1 anterior lumbar interbody fusion with posterior spinal fusion and instrumentation at L4-S1. The patient reported increasing pain in the right leg. The MRI confirmed a nondisplaced fracture of the left S1 pedicle screw. However, there was a lack of physical examination findings to support the subjective complaints of increased pain/severe neurologic deficit to support the need for electrodiagnostic studies. There was no evidence of peripheral neuropathy to support the request.

Given the information provided for review, the request is not medically necessary and the decision to deny the request for bilateral lower extremity EMG/NCS is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Electrodiagnostic studies (EDS)