blue of california

Medical Policy

Surface Electromyography	
Type: Investigational / Experimental	**Policy Specific Section:** Medicine
Original Policy Date: September 12, 2008	**Effective Date:** October 7, 2011

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Surface electromyography (SEMG), is a non-invasive computer based procedure using adhesive electrodes attached to the skin that monitors and records the summation of muscle activity from groups of muscles at rest (i.e., static) and during activity (i.e., dynamic).

Surface scanning EMG is a technique of SEMG where the practitioner uses a hand held electrode device.

Paraspinal SEMG is a technique to evaluate abnormal patterns of electrical activity in the paraspinal muscles in patients with back pain symptoms. It has also been researched as a technique to establish the etiology of back pain and to monitor the response to therapy.

Macro EMG uses large surface electrodes to analyze the motor unit quantitatively.

Spinoscopy is intended for the evaluation of back problems by simultaneously recording vertebral movement and corresponding electrical muscle activity.

Policy

The following techniques are considered **investigational** for all indications:

- Surface electromyography
- Surface scanning electromyography
- Paraspinal surface electromyography
- High-density surface electromyography
- Macro electromyography
- Spinoscopy

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• No records required

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available

Click here to view the appendix for this policy

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