



MASSACHUSETTS

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Medical Policy

Paraspinal Surface Electromyography to Evaluate and Monitor Back Pain

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Policy Number: 517

BCBSA Reference Number: 2.01.35 (For Plan internal use only)

NCD/LCD: N/A

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Paraspinal surface electromyography is **INVESTIGATIONAL** as a technique to diagnose or monitor back pain.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO Blue SM	This is not a covered service.
Medicare PPO Blue SM	This is not a covered service.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

HCPCS Codes

HCPCS codes:	Code Description
S3900	Surface electromyography (SEMG)

Description

Back Pain

Back pain is a common condition that affects most individuals at some point in their lives. Identifying the pathogenesis of back pain is challenging, in part due to the complex anatomy of the back, which includes vertebrae, intervertebral discs, facet joints, spinal nerve roots, and numerous muscles. Back pain may be related to osteoarthritis, disc disease, subluxation, or muscular pathologies, such as muscle strain or spasm. Moreover, due to referred pain patterns, the location of the pain may not be anatomically related to the pathogenesis of the pain. For example, buttock or leg pain may be related to pathology in the spine. In addition to the diagnostic challenges of back pain is the natural history of acute back pain.

Diagnosis

Aside from physical examination, diagnostic testing includes imaging technologies, such as magnetic resonance imaging, designed to identify pathology (eg, bulging discs), or tests such as discography to localize the abnormality by reproducing the pain syndrome. However, these tests lack specificity and must be carefully interpreted in the context of the clinical picture. For example, magnetic resonance imaging identifies 5% of asymptomatic patients as having bulging discs. However, the presence of a bulging disc may only be clinically significant if correlated with other symptoms. Assessment of the musculature may focus on a range of motion or strength exercises.

In contrast to anatomic imaging, surface electromyography (SEMG), which records the summation of muscle activity from groups of muscles, has been investigated as a technique to evaluate the physiologic functioning of the back. A noninvasive procedure, SEMG differs from needle electromyography, an invasive procedure in which the electrical activity of individual muscles is recorded. Paraspinal SEMG has been explored to evaluate abnormal patterns of electrical activity in the paraspinal muscles in patients with back pain symptoms such as spasm, tenderness, limited range of motion, or postural disorders. The technique is performed using a single or an array of electrodes placed on the skin surface, with recordings made at rest, in various positions, or after a series of exercises. Recordings can also be made by using a handheld device, which is applied to the skin at different sites. Electrical activity is assessed by computer analysis of the frequency spectrum (ie, spectral analysis), amplitude, or root mean square of the electrical action potentials. In particular, a spectral analysis that focuses on the median frequency has been used to assess paraspinal muscle fatigue during isometric endurance exercises. Paraspinal SEMG has been researched as a technique to establish the etiology of back pain and has been used to monitor the response to therapy and establish physical activity limits, such as assessing capacity to lift heavy objects or ability to return to work.

Paraspinal SEMG is an office-based procedure. The following clinical applications of the paraspinal SEMG have been proposed:

- clarification of diagnosis (ie, muscle, joint, or disc disease)
- selection of a course of medical therapy
- selection of a type of physical therapy
- preoperative evaluation
- postoperative rehabilitation

- follow-up of acute low back pain (LBP)
- evaluation of exacerbation of chronic LBP
- evaluation of pain management treatment techniques.

Treatment

Most cases of acute LBP resolve with conservative therapy (eg, physical therapy) while continuing normal activities within limits permitted by the pain. Therefore, initial imaging or other diagnostic testing is generally not recommended unless "red flag" warning signs are present, or the pain persists for more than 4 to 6 weeks. Red flag findings include significant trauma, history of cancer, unremitting night pain, fevers or chills, and progressive motor or sensory deficits.

Summary

A noninvasive procedure that records the summation of muscle electrical activity, paraspinal surface electromyography (SEMG) has been investigated as a technique to evaluate the physiologic functioning of the back. Additionally, this procedure has been studied as a technique to evaluate abnormal patterns of electrical activity in the paraspinal muscles in patients with back pain symptoms, such as spasm, tenderness, limited range of motion, or postural disorders.

For individuals who have back pain who receive paraspinal SEMG for evaluation and monitoring, the evidence includes several nonrandomized studies on using findings to classify back pain. Relevant outcomes are test accuracy and validity, symptoms, functional outcomes, quality of life, and resource utilization. There have been no studies directly comparing SEMG with other noninvasive techniques for evaluating back pain, and standard criteria for normal and abnormal SEMG measurements have not been determined. SEMG has been proposed as a noninvasive technique providing objective measurements that would inform treatment decisions in patients with back pain. While studies have shown that SEMG results have detected different pathologies in patients with back pain, none of the studies reported health outcomes. There is also no data on the impact of SEMG for managing patients. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy History

Date	Action
12/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
8/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
6/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
7/2018	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
7/2017	Annual policy review. New references added.
11/2015	Annual policy review. New references added.
12/2013	Annual policy review. New references added.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
6/2011	Medical Policy Group - Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
2/1/2010	Medical Policy 517 created.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

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