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DATE OF REVIEW: 08/29/2007

IRO CASE #:

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

This case was reviewed by a Pain Management Doctor. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left L5 transforaminal neuroplasty

REVIEW OUTCOME

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

Upheld (Agree)

REVIEW OF RECORDS

- o Submitted medical records were reviewed in their entirety.
- o May 31, 2007 utilization review letter
- o June 13, 2007 utilization review letter
- o July 18, 2007 work status report from M.D.
- o July 17, 2007 lumbar spine MRI report by M.D.
- o July 12, 2007 designated Dr. evaluation report by M.D.
- o July 17, 2007, May 14, 2007, June 25, 2007, July 24, 2007 letters to Dr. from M.D.
- o June 13, 2007 letter by M.D.
- o May 24, 2007 letter
- o May 24, 2007 IRO reviewer report regarding bilateral L3-S1 facet median nerve blocks
- o May 23, 2007 work status report by M.D.
- o May 23, 2007 chart notes
- o May 22, 2007 chart notes by M.D.
- o May 4, 2007 EMG/NCS report by, M.D.
- o May 1, 2007 letter by M.D.
- o April 30, 2007 utilization report by
- o April 26, 2007 work status report by M.D.
- o April 23, 2007 letter from M.D.
- o April 23, 2007 x-ray report by M.D.
- o January 29, 2007 through April 12, 2007 interim summary/discharge summary by PT
- o April 9, 2007 utilization review report from
- o April 6, 2007 utilization review report from
- o April 3, 2007 chart notes by M.D.
- o March 27, 2007 work status report by M.D.
- o March 27, 2007 progress summary report from Center
- o March 15, 2007 authorization notice for a lumbar epidural steroid injection from
- o March 12, 2007 authorization letter from
- o March 8, 2007 chart notes by M.D.
- o March 7, 2007 non-authorization notice from
- o February 28, 2007 work status report by M.D.
- o February 12, 2007 authorization notice from

- o February 8, 2007 lumbar spine MRI report by M.D.
- o February 7, 2007 work status report by M.D.
- o March 16, 2006 lumbar spine MRI report by M.D.
- o August 23, 2007 letter

CLINICAL HISTORY SUMMARY

The patient sustained an industrial injury involving the lumbar spine. A May 31, 2007 utilization review letter states that the patient is a female who has left-sided radicular symptoms. The exam shows positive straight leg raise, normal reflex/motor testing, and decreased sensation of the lateral calf. The MRI showed degenerative disc disease with a small central disc protrusion with no nerve root involvement. The reviewer stated that the records available for review do not indicate any epidural or neural fibrosis and the records do not support the necessity for a left L5 transforaminal neuroplasty.

A June 13, 2007 appeal letter states that the transforaminal epidural steroid injection did not provide any significant pain relief. Given this fact, the physician requested a lumbar neuroplasty. The physician believes a neuroplasty is in the patient's best interest as the Wydase enzyme can effectively break up scar tissue. In the physician's experience, many patients with radicular pain that do not respond well to an epidural steroid injections seem to have a better outcome following lumbar neuroplasty.

A June 13, 2007 utilization review letter also renders a non-certification. This report notes that the patient had a selective nerve root block/left S1 transforaminal epidural steroid injection without significant pain relief. The report notes that the claimant does complain of a radicular component of pain along the L5-S1 distribution. However, the selective nerve root block was not effective in addressing this discomfort and it was unclear to that reviewer what the requesting physician attempts to accomplish via a left L5 neuroplasty.

A lumbar spine MRI was performed on March 16, 2006 with an impression of a focal protrusion of the L5-S1 disc probably representing a small midline herniation with minimal mass effect on the dural sac. A lumbar spine MRI was performed on February 8, 2007 with an impression of degenerative disc disease at the L5-S1 level with a question of a small protrusion centrally at that level. A July 17, 2007 lumbar spine MRI report notes a tiny disc protrusion at the L5-S1 level unchanged from February 8, 2007. On May 4, 2007, an EMG/NCS was conducted and was interpreted as showing left L5 radiculopathy.

The patient underwent a designated doctor evaluation on July 17, 2007. Relevant examination findings included 2+ knee and ankle reflexes, positive straight leg raise on the left, 5/5 motor strength, no objective evidence of muscular atrophy, and the appearance of some sensory deficits in the left lower extremity that approximated the L5 and S1 dermatomal distributions. The physician noted that there is nothing abnormal at the L4-5 level that would cause left L5 radiculopathy and the L5-S1 disc bulge is certainly not far lateral that it would impinge upon the left L5 nerve root. The physician advised against disc replacement, discogram, facet joint blocks, or facet neurotomy type procedures. She was not deemed to be at maximum medical improvement and a two-month trial of continuation of conservative care was recommended prior to consideration for possible discectomy.

ANALYSIS AND EXPLANATION OF DECISION

According to the Official Disability Guidelines, neuroplasty is considered investigational. However, the guidelines provide criteria for this procedure while it is being studied. The physician must document strong suspicion of adhesions blocking access to the nerve and adhesions blocking the nerve must be identified by gallium MRI or fluoroscopy during epidural steroid injections. The medical records fail to document adhesions upon gallium MRI or fluoroscopy during the previous injection. In addition, as noted by the designated doctor, the patient has mild L5 radiculopathy noted upon electrodiagnostic examination without a clear correlation evident upon numerous MRI studies. The designated doctor recommended two months of additional conservative management prior to consideration for possible discectomy. I agree with the previous peer review physicians that proceeding with neuroplasty is not appropriate at this time. Therefore, my decision is to uphold the previous determinations to non-certify the request for left L5 transforaminal neuroplasty.

The IRO's decision is consistent with the following guidelines:

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

Official Disability Guidelines (2007) regarding percutaneous adhesiolysis: Under study with current research showing promising results. Also referred to as epidural neurolysis, epidural neuroplasty, or lysis of epidural adhesions, percutaneous adhesiolysis is a treatment for chronic back pain that involves disruption, reduction, and/or elimination of fibrous tissue from the epidural space. Lysis of adhesions is carried out by catheter manipulation and/or injection of saline (hypertonic saline may provide the best results). Epidural injection of local anesthetic and steroid is also performed. It has been suggested that the purpose of the intervention is to eliminate the effect of scar formation, allowing for direct application of drugs to the involved nerves and tissue, but the exact mechanism of success has not been determined. There is a large amount of variability in the technique used, and the technical ability of the physician appears to play a large role in the success of the procedure. In addition, research into the identification of the patient who is best served by this intervention remains largely uninvestigated. Adverse reactions include dural puncture, spinal cord compression, catheter shearing, infection, excessive spinal cord compression, hematoma, bleeding, and dural puncture. Duration of pain relief appears to range from 3-4 months. Given the limited evidence available for percutaneous epidural adhesiolysis it is recommended that this procedure be regarded as investigational at this time. (Gerdesmeyer, 2003) (Heavner, 1999) (Belozzer, 2004) (BlueCross BlueShield, 2004) (Boswell, 2005) (The Regence Group, 2005) (Chopra, 2005) (Manchikanti1, 2004)

Preliminary suggested criteria for percutaneous adhesiolysis while under study:

- The 1-day protocol is preferred over the 3-day protocol.
- All conservative treatment modalities have failed, including epidural steroid injections.
- The physician intends to conduct the adhesiolysis in order to administer drugs closer to a nerve.
- The physician documents strong suspicion of adhesions blocking access to the nerve.
- Adhesions blocking access to the nerve have been identified by Gallium MRI or Fluoroscopy during epidural steroid injections. (Belozzer, 2004)