

IRO Express Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW:

12/25/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Caudal epidural lysis of adhesions under fluoroscopy with intravenous sedation

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

M.D., Board Certified in Pain Management and Anesthesiology

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

No ODG Guidelines

Office Notes, Dr. -7/07-11/07

Healthcare Rept.-5/24/07

Denial Letters-12/10/07; 12/17/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while on the job in xx/xx. She is experiencing "low back and leg pain" from the injury that occurred while on the job. She has had "multiple injections in the past including caudal steroid injections." It has been mentioned that the epidural steroid injection provided "minimal relief." The patient had an intrathecal pump placed in 2004. Per the note dated 10/24/07, a caudal epidural steroid injection with catheter and lysis of lumbar epidural adhesion is being ordered because of the patient's increased back and leg pain.

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

Per the *Official Disability Guidelines*, epidural lysis of adhesions is considered “investigational at this time.” However, while it is under study, there are some preliminary suggested criteria. One of the criteria being used suggests that “adhesions blocking access to the nerve have been identified by Gallium MRI or fluoroscopy during epidural steroid injections.” Per the caudal epidural steroid epidurogram performed on 05/24/07, Omnipaque 300 showed “excellent epidural spread.” In addition, “good filling was noted at the sacral nerve root levels.” Given this information, it does not sound as though there are adhesions blocking access to the nerves. Therefore, given that this is considered investigational and not all of the criteria are fulfilled, it is not appropriate for this patient to receive a caudal epidural with lysis of adhesions.

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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**