

P-IRO Inc.

An Independent Review Organization
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DATE OF REVIEW: JULY 5, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Single epidural lysis with fluoro guide for spine injection.

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

Board Certified by the American Board of Anesthesiology and specialized in Pain Management.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Operative report, 03/05/03
Pain medication record, 04/15/06 to 06/12/07
Lumbar spine MRI, 05/25/06
Office notes, Dr. 06/08/06 and 10/04/06
Notes, 08/02/06, 09/07/06
Peer reviews, 09/25/06, 11/03/06, 05/08/07 and 05/29/07
Notice of denial, 05/29/07
Request for independent review, 06/18/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is female with the diagnosis of post laminectomy and chronic pain syndrome. She underwent lumbar laminectomy at L5-S1 some time in the past. The records provided for review indicated that the claimant continued with pain complaints. She underwent percutaneous lysis of adhesions on three occasions according to the records, most recently on 03/05/03.

The MRI on 05/25/06 demonstrated osteophytic ridging at L5-S1 causing mild right neuroforaminal narrowing but no residual or recurrent protrusion. There was some enhancing granulation tissue in the posterior disc space. At L4-5, there was spondylolysis with disc bulge and some elevation of the dura superiorly in the left paracentral region, which was of uncertain clinical significance. At T12-L1, there was noted moderate spondylosis with broad central protrusion and osteophytic ridging flattening the thecal sac at the level of the conus.

An office note on 08/02/06 indicated the claimant's pain medications were well controlled and she continued with radicular pain symptoms. The physician requested another epidural lysis of adhesions under fluoroscopy. The request was not recommended on several occasions. Stimulation was recommended but the claimant did not wish to consider that option. An independent review was requested.

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

The claimant is a female with a diagnosis of post-laminectomy syndrome and chronic pain. The most recent MRI presented to this reviewer dated 5/25/06 demonstrates multiple sites of pathology as an etiology for her low back pain. These include osteophytic ridging at L5-S1, neuroforaminal narrowing on the right, the presence of granulation tissue in the posterior disc space, and spondylosis at L4-5. The original procedure described by Dr. recommends a carefully selected patient population if optional results are to be achieved. This claimant appears to have multiple sources of pathology that make it unclear as to whether or not isolated epidurolysis would be of much or any value. In addition, there are previous reports of lysis of adhesion attempts on three previous occasions without clear, defined subsequent benefit. Therefore, the Reviewer agrees with the determination by the insurance company and do not recommend a single epidural lysis with fluoro guide for spine injection.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, (low back, percutaneous lysis of adhesions)

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.

Given the limited evidence available for percutaneous epidural adhesiolysis it is recommended that this procedure be regarded as investigational at this time.

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)**