

Independent Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Phone: 817-235-1979

Fax: 817-5489-0310

DATE OF REVIEW: MAY 24, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left L5 transforaminal neuroplasty

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

Board Certified Orthopedic Surgeon

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

Case Assignment fro TDI
Lumbar spine MRI, 0/19/06 and 03/08/07
Office note, Dr., 01/23/06
Office note, Dr., 03/29/07
Peer reviews, 04/18/07 and 05/02/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male security service technician who has undergone two left L5 transforaminal epidural steroid injections and transforaminal neuroplasty with the most recent one being on 03/29/07. The 01/19/06 MRI of the lumbar spine showed a small left paracentral L5-S1 disc protrusion with mild impingement on the left S1 root. On 01/23/06, the claimant had reported to Dr. primarily lower bilateral lumbar spine pain with radiation into his right thigh, hip and groin. Dr. noted that the claimant was being seen for follow up left L5 transforaminal neuroplasty. The claimant reported 20 percent improvement in his pain. Dr. recommended a repeat injection due to scar tissue that needed to be loosened.

The 03/08/07 MRI of the lumbar spine showed moderate scar tissue surrounding the anterior and left lateral aspects of the spinal sac at the level of L5-S1. There was no definite extruded disc fragment. On 03/29/07, Dr. saw the claimant for his persistent lower back and extremity pain. The claimant noted some relief with medications and stretching; however, the pain was worse with flexion, twisting movements and prolonged standing. Exam findings revealed weakness to the upper and lower leg. Dr. performed a left L5 transforaminal epidural steroid injection and transforaminal neuroplasty.

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

Based on the information reviewed, there is no medical necessity for the left L5 transforaminal neuroplasty. The records reflect that this claimant has undergone previous "lumbar spine surgery on 7/06 and 12/06" and more recently has undergone a 03/29/07 left L5 transforaminal epidural steroid injection and transforaminal neuroplasty for what appears to be epidural scarring on 03/08/07 MRI. In the remote past, this claimant had undergone a previous left transforaminal neuroplasty for 20 percent relief. There is limited orthopedic peer reviewed literature to support the use of injection therapy for the treating of scar tissue in the lumbar spine. Literature also raises concerns as there is a large amount of variability in the technique used; the skill of the physician also plays a role in the success of the procedure. There are no definitive criteria for patient selection. Additional research is needed to address these areas.

Official Disability Guidelines, Treatment in Workers' Comp, Updated 2007, Low Back-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.

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**
 - Official Disability Guidelines, Treatment in Workers' Comp, Updated 2007, Low Back-Adhesiolysis
- 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)**