



IRO#
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DATE OF REVIEW: 11/05/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left lumbar transforaminal neuroplasty @ L4 – outpatient .

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation.

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Left lumbar transforaminal neuroplasty @ L4 - outpatient	64483, 64484, 62282	Upon approval	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Description of records:	Date:
Lumbar MRI –	08/01/06
Functional Capacity Evaluation –Chiropractic	08/15/06
Medical report –MD	02/19/07
Office Visit –MD	02/27/07
Medical report –MD	04/17/07
Office Visit –MD	04/17/07
Designated Doctor – Report of Medical Evaluation –MD	05/08/07
Treatment history summary –	07/26/06 to 09/24/07
Office Visit –MD	09/24/07
Utilization Review – Adverse determination for Lt. lumbar transforminal neuroplasty - ODG guidelines with criteria cited –	09/27/07
Utilization Review Appeal – Adverse determination for Lt. lumbar transforminal neuroplasty - ODG guidelines with criteria cited –	10/11/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year-old male, who reportedly was lifting a heavy object on xx/xx/xx, with reports of low back pain. An OPEN MRI (08/01/2006) reported congenital canal stenosis, degenerative changes, facet arthropathy, L4/5 extrusion, L5/S1 protrusion with impingement.

On 02/27/2007, the physician reported the claimant would benefit from L5/S1 ESI, series of 3.

On 09/24/2007, the physician reported the claimant presents with "a current VAS". He is complaining of a burning sensation in his left thigh. He reports that this has only been happening in the last two weeks and that it never goes further down his leg than his knee. The physician reported there has been involvement in the following therapies: use of TENS unit with good relief, physical therapy with some relief. The physical examination was reported as normal without objective findings, except for positive left straight leg raise. There were no reports of motor deficits, sensory deficit, or reflex changes.

The preauthorization request was for a left lumbar transforaminal neuroplasty at L4, which was denied on 09/27/2007, and denied on appeal on 10/10/2007. The reviewing physician, for the appeal stated the "documentation does not support epidural fibrous or scarring per any diagnostic studies, to support a left lumbar transforaminal neuroplasty."

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

Based on the documentation provided, the request for left lumbar transforaminal neuroplasty at L4, does not fall within the Evidence-Based, Medical Guidelines. I agree with previous denial, in that the objective studies provided do not support the diagnosis of epidural fibrous or scarring. Additionally, there is a lack of documented objective physical findings, neurological deficits, or special circumstances, to identify this procedure, which is listed as "Under study", as medically reasonable or necessary.

Neuroplasty (See Percutaneous epidural neuroplasty.)

Percutaneous epidural neuroplasty (See Adhesiolysis)

Adhesiolysis (See Adhesiolysis, percutaneous & Adhesiolysis, spinal endoscopic.)

Adhesiolysis, percutaneous: Under study. 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) (Belozar, 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. (Belozar, 2004)

Adhesiolysis, spinal endoscopic: Under study with current research showing promising results for radicular pain. Spinal endoscopic adhesiolysis allows for visualization of the epidural space in contrast to percutaneous adhesiolysis procedures. A recent prospective, randomized, double-blind trial of patients with

chronic low back pain and lower extremity pain found significant improvement in pain relief, function, range of motion and psychological parameters over a control group of patients receiving caudal epidural injections at S3. Mean duration of pain relief was 7.6 ± 4.7 months. Inclusion criteria included pain of at least 2-year's duration and no improvement with one-day percutaneous adhesiolysis. Exclusion criteria included opioid dependency (any patient with a daily use of opioids of = the following were excluded: hydrocodone 100 mg; methadone 60 mg; morphine 100 mg; other opioids with the same morphine equivalent dose). Previous back surgery was noted in 84% of the intervention group. (Manchikanti, 2005) Repeat procedures are recommended at no sooner than every 6 months provided there is at least 50% pain relief for = 4 months. (Boswell, 2005) Adverse reactions include those related to percutaneous adhesiolysis. This technique is also under investigation for treatment of spinal stenosis, and has been particularly successful in treatment of radiculopathy secondary to this condition. (Igarashi, 2004) See also Adhesiolysis, percutaneous.

As such, I would uphold the previous denial of the Left lumbar Transforaminal Neuroplasty at L4 as not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG:

ODG Guidelines / Integrated Treatment/Disability Duration Guidelines / Low Back - Lumbar & Thoracic (Acute & Chronic) / Procedure Summary / Neuroplasty

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 11/05/2007.