

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 1, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Caudal ESI lysis of adhesions on back under fluoroscopy(62319, 62263)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.4	62319, 62263		Prosp	1					Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

The records provided reflect that this gentleman has a chronic contractive pain syndrome and had multiple spinal surgeries as a result of a work comp injury. He has had an infection around his spinal cord stimulator requiring a removal stimulator. He is in intractable pain and is taking chronic pain management with opiates and Cymbalta and other medications. He has ongoing radicular symptoms into his left leg documented in Dr. 's records. The request for a simple epidural steroid injection has been denied.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The ODG guidelines indicate that the lysis of adhesions is effective, but there are many variables in the choice as to how the lysis is performed. The specifics of the findings prior to the procedure is recommended that the epidural steroid injection be exhausted prior to the trial of lysis of adhesions, but these have been denied. This injured individual was working and was injured in 1997 when loading asphalt when he hurt his back. He has a lumbar disc herniation at L4-L5 and failed surgery syndrome. He has numbness in his left leg and an L5-S1 dermatomal pattern.

Recommendations are for a one-day protocol and all conservative modalities have failed. This individual has a failed spinal cord stimulator procedure and has failed physical therapy. He is on chronic opiates and medical management at the present time. There are recommendations for fluoroscopy and MRI prior to procedure, but this is a combined procedure of ESI and lysis of adhesions. The ESI is a required procedure prior to lysis of adhesions and is performed in exactly the same fashion. In this case, I believe that it is appropriate (especially with a documented spinal infection that has been surgically cleaned) to proceed with epidural lysis of adhesions and epidural steroid injections as a combined procedure for a one-day protocol. This will be consistent with the ODG guidelines.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES