

# P-IRO Inc.

An Independent Review Organization  
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**DATE OF REVIEW:** April 7, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Bilateral transforminal neuroplasty with epidurogram under fluoroscopy.

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY  
Certified American Board Independent Medical Examiners

**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**

OD Guidelines  
Letter of non-authorization 3/8/08, 3/27/08  
Medical Records Dr. 1/30/08 3/4/08  
MRI Report 4/9/07  
Medical notes unclear of signature 1/12/08  
Correspondence Management Fund 3/28/08  
Peer Review attempt Dr. 3/7/08  
Memo/Email 3/7/08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a xx that reportedly developed low back pain while removing hot packs from a patient. She presented with back pain largely going down the right lower extremity to the lateral right foot. His note implied some left sided symptoms as well. She had a right L5 transforminal ESI and epidurogram that provided transient 50% relief of the pain. Dr. felt that a neuroplasty with Wydase and hypertonic saline would improve her symptoms. His examination demonstrated a sensory deficit along the right L5 dermatome. There was no motor loss. SLR, Kemp sign and slump tests were reported as positive bilaterally. She had more pain with lumbar flexion. There was no comment of any prior symptoms, but her MRI from 4/9/07 described a “mild to moderate disc bulge producing mild mass effect on the thecal sac and mild bilateral neuroforminal narrowing.” There was no description of any nerve root compromise.

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

Her symptoms are in her low back and along the right lower extremity. Dr. implied some left sided symptoms as well in the history, but did not describe any findings in his exam. There is no reason then for a bilateral procedure.

The ODG described the procedure as “Under study.” And used “for chronic back pain...” The procedure “is recommended...as investigational at this time. If the intent of the procedure is interrupt scar tissue, then its presence must be documented. Adhesions blocking access to the nerve have been identified by Gallium MRI or Fluoroscopy during epidural steroid injections.” This documentation has not been done.

Therefore, the Reviewer can not approve and justify this treatment at this time.

The ODG referred the reader to adhesiolysis when queried for neuroplasty.  
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.

([Gerdemeyer, 2003](#)) ([Heavner, 1999](#)) ([Belozet, 2004](#)) ([BlueCross BlueShield, 2004](#))

([Belozer, 2004](#)) ([Boswell, 2005](#)) ([The Regence Group, 2005](#)) ([Chopra, 2005](#)) ([Manchikanti1, 2004](#)) This recent RCT found that after 3 months, the visual analog scale (VAS) score for back and leg pain was significantly reduced in the epidural neuroplasty group, compared to conservative treatment with physical therapy, and the VAS for back and leg pain as well as the Oswestry disability score were significantly reduced 12 months after the procedure in contrast to the group that received conservative treatment. ([Veihelmann, 2006](#))

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.
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Racz neurolysis

See [Adhesiolysis](#).

#### **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)**