



DATE OF REVIEW: 01/30/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Bilateral L5/S1 transforaminal neuroplasty.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed notes from Dr. beginning on 08/13/07. At that time he came for followup of facet medial nerve blocks from C2 to C6 bilaterally.
2. An MRI scan of the lumbar spine on 09/05/07 found mild spondylosis at L5/S1 without significant stenosis of herniated nucleus pulposus. This was read by Dr.. Specifically, there was no evidence of herniation of disc material or nerve root compression. There was no evidence of prior surgery or contrast-enhanced epidural scarring.
3. The date of injury was listed as xx/xx/xx, and when he saw Dr. on 09/18/07, he was complaining of lower back pain that radiated to the left hip.
4. On 10/29/07 he was seen in follow-up from the L5/S1 epidural steroid injections, which provided him 80% to 90% of pain relief for about two weeks, and then the pain returned.
5. On 12/03/07 he was seen for follow-up after an L5/S1 epidural steroid injection. Again he reported about 80% to 90% pain relief for about one week, but then the pain returned. On 12/03/07 Dr. also felt he would benefit from a bilateral L5/L6 transforaminal neuroplasty. He had indicated on that date that there was 80% to 90% improvement from the last injection, but that had only lasted one week. The clinical

findings on that day are of questionable value due to the lack of specificity. Specifically, reference is made to a positive bilateral Kemp, positive bilateral straight leg raise, and a positive bilateral slump. He does not indicate what it is positive for, whether it is for back pain, pain down one leg, both legs, etc. To have bilateral findings such as this is very unusual.

6. Office notes from Dr. dated 12/10/07.

7. Records of Dr. dated 01/02/08.

ODG Guidelines were not presented for review

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

It appears this xx year-old male had a pallet fall on top of his head on xx/xx/xx and was complaining primarily of lower back and left hip pain, worse with walking. He had an MRI scan that showed no significant pathology and was consistent with his age. He has had no electrodiagnostic studies. There is no reference to physical therapy. He has had multiple injection procedures performed with temporary relief only. The request is now for a bilateral L5 transforaminal neuroplasty.

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

The ODG Guidelines recognize this procedure as being under investigation. There are anecdotal reports of people who have derived benefit from this procedure, but there is also significant risk, as well. The basis for this procedure is to lyse adhesions or epidural scarring that may occur on a nerve root, which may be causing the symptoms. There is no evidence of any epidural scarring or adhesions on the imaging study. There is nothing even convincing in the medical records to suggest there is a tethering of the nerve roots in the back. Once again, his current examination is ambiguous in that regard. There is, therefore, no support, in my opinion, for the bilateral L5 neuroplasty procedure recommended.

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

(Check any of the following that were used in the course of your review.)

_____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.

X Medical judgement, clinical experience and expertise in accordance with accepted medical standards.

_____Mercy Center Consensus Conference Guidelines.

_____Milliman Care Guidelines.

X 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 national accepted medical literature (provide a description).

_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)