Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: March 7, 2008

IRO Case #:

Description of the services in dispute:

Preauthorization - Right L4 and right L5 transforaminal neuroplasty with epidurogram.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

Review Outcome

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

Upheld

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.

Medical necessity does not exist for the requested right L4 and right L5 transforaminal neuroplasty with epidurogram.

Information provided to the IRO for review

Records Received From the State:

Notice of case assignment, 2/19/08, 1 page
Company request for IRO, 2/18/08, 4 pages
Confirmation of receipt of a request for a review by an IRO, 2/18/08, 4 pages
Denial report, 1/31/08, 1 page
Preauthorization request for appeal, 2/1/08, 1 page
Denial report, 2/7/08, 2 pages

Records Received From the Provider:

Patient note, 2/22/08, 3 pages

Patient note, 2/22/08, 3 pages
MRI report, 10/16/07, 2 pages
Patient note, 1/22/08, 3 pages
Preauthorization request appeal, 2/1/08, 1 page
Letter from MD, PhD, 2/5/08, 1 page
Preauthorization request IRO, 2/15/08, 1 page

Records Received From the Carrier:
Initial patient history summary, 9/19/05, 3 pages
Clinical evaluation summary, 9/19/05, 3 pages
Progress note, 9/20/05, 1 page
Progress note, 9/22/05, 1 page
Progress note, 9/23/08, 1 page
Radiographic evaluation summary, 10/12/05, 2 pages
Progress note, 11/28/08, 3 pages
Patient medical history, 11/29/05, 1 page
Physical examination, 11/29/05, 1 page
Imaging report, 11/30/05, 2 pages
Progress note, 12/1/05, 1 page
Progress note, 12/5/05, 2 pages
Patient note, 12/6/05, 1 page
Progress note, 12/6/05, 1 page
Progress note, 12/13/05, 2 pages
Letter from MD, PhD, 12/20/05, 1 page
Imaging report, 12/20/05, 2 pages
Progress note, 12/21/05, 1 page
Progress note, 12/26/05, 1 page
Progress note, 1/5/06, 2 pages
Progress note, 1/7/06, 1 page
Progress note, 1/11/06, 1 page
Progress note, 1/12/06, 1 page
Progress note, 1/13/06, 1 page
Progress note, 1/16/06, 3 pages
New patient consultation, 1/17/06, 3 pages
Progress note, 1/25/06, 2 pages
Progress note, 1/27/06, 1 page
Progress note, 1/31/06, 1 page
Progress note, 2/1/06, 2 pages
Required medical evaluation, 2/2/06, 3 pages
Progress note, 2/3/06, 1 page
Progress note, 2/6/06, 1 page
Letter from MD, 2/7/06 3 pages

Clinic note, 2/9/06, 2 pages
Progress note, 2/8/06, 1 page
Progress note, 2/13/06, 1 page
Progress note, 2/15/06, 1 page
Progress note, 2/17/06, 2 pages
History and physical, 2/19/06, 2 pages
Procedure report, 2/20/06, 2 pages
Patient note, 2/20/06, 1 page
Physician intraoperative orders, 2/20/06, 1 page
Progress note, 2/24/06, 1 page
Letter from MD, PhD, 2/27/06, 1 page
Progress note, 3/1/06, 1 page
Progress note, 3/3/06, 1 page
Progress note, 3/6/06, 1 page
Progress note, 3/9/06, 2 pages
Progress note, 3/15/06, 2 pages
Progress note, 3/20/06, 2 pages
Progress note, 3/24/06, 1 page
Progress note, 3/29/06, 2 pages
Progress note, 4/4/06, 3 pages
Radiology report, 4/11/06, 1 page
Radiology report, 4/12/06, 1 page
Radiology report, 4/13/06, 1 page
Operative report, 4/12/06, 2 pages
Operative report, 4/12/06, 2 pages
Letter from MD, PhD, 6/13/06, 1 page
Imaging report, 12/20/05, 1 page
MRI report, 7/31/06, 1 page
Letter from MD, PhD, 7/31/06, 1 page
Progress note, 8/15/06, 1 page
Imaging report, 6/13/06, 1 page
Report of medical evaluation, 11/28/06, 1 page
Disability report, 9/28/06, 8 pages
Beck anxiety inventory, 9/28/06, 1 page
Beck depression inventory, 9/28/06, 3 pages
Office note, 10/9/06, 4 pages
Functional capacity evaluation, 10/13/06, 8 pages
Beck anxiety inventory, 9/28/06, 1 page
Beck depression inventory, 9/28/06, 3 pages
Prescription information, 10/17/06, 2 pages
Office note, 1/30/07, 4 pages
Clinic note, 2/2/07, 2 pages

Office note, 2/15/07, 4 pages
Report of medical evaluation, 10/4/07, 1 page
Disability report, 4/4/07, 6 pages
Disability report, 6/29/07, 8 pages
Report of medical evaluation, 6/29/07, 1 page
Texas Workers Compensation work status report, 6/29/07, 1 page
Progress note, 9/17/07, 1 page
Imaging report, 6/13/06, 1 page
Letter from MD, PhD, 10/16/07, 1 page
Letter from MD, PhD, 9/18/07, 1 page
Denial letter, 1/31/08, 3 pages
Denial letter, 2/8/08, 3 pages
Appeal information, 2/21/08, 2 pages

Patient clinical history [summary]

The claimant is a xx-year-old gentleman who allegedly suffered a workplace injury on xx/xx/xx. Subsequently he developed low back pain that radiates down both legs. Physical examination reveals decreased sensation to light touch in the right L5 distribution and some giveway weakness in the right leg, diffuse tenderness over the lumbar spine and paraspinal muscles and positive straight leg raising on the left. MRI (magnetic resonance imaging) of the lumbar spine reveals degenerative changes at L3-4, L4-5 and L5-S1 with protrusions at L3-4, L4-5 and L5-S1, the latter of which is sequestered. He has undergone previous epidural steroid injections whose results were not reported as well as a percutaneous epidural lysis of adhesions, which provided about 20% pain relief.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The ODG Guidelines considers percutaneous epidural lysis of adhesions, also called epidural neuroplasty, to be "under study with promising results." It provides selection criteria for the use of this procedure, which are listed below. The proposed procedure is a variant of this, since the "lytic" solution is introduced into the neural foramen rather than the main epidural space. Unlike the usual epidural lysis of adhesions, to which the ODG refers, there is very little published evidence that transforaminal lysis of adhesions is effective. The submitted medical record does not substantiate the claimant's satisfaction of these criteria. In particular, there is no documentation of strong suspicions of adhesions blocking access to the nerve and such adhesions have not been identified by gallium MRI or fluoroscopy during epidural steroid injection, as required by the guidelines. Based on this, the proposed right L4 and right L5 transforaminal neuroplasty with epidurogram cannot be considered to be medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Preliminary suggested criteria for percutaneous adhesiolysis while under study (ODG Guidelines):

- 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.

ODG Treatment Guidelines – Low back. Web Edition. Encinitas, CA: Work Loss Data Institute, 2006.

Manchikanti, L et al. (2004). One Day Lumbar Epidural Adhesiolysis and Hypertonic Saline Neurolysis in Treatment of Chronic Low Back Pain: A Randomized, Double-Blind Trial. Pain Physician 7: 177.

Gerdesmeyer, et al. (2004). [Chronic radiculopathy. Use of minimally invasive percutaneous epidural neurolysis according to Racz.]. Schmerz.

Gerdesmeyer, et al. (2003). [Minimally invasive percutaneous epidural neurolysis in chronic radiculopathy. A prospective feasibility trial]. Orthopade 32: 869-76.

Minimalinvasive Wirbelsaulen-Kathetertechnik nack Racz: Ein Assessment der Bundesarztekammer und der Kassenarztlichen Bundesvereinigung, 28.03.03. http: //www.bundesaerztekammer.de/30/HTA/80b.pdf (with English abstract).

Manchikanti, L, et al. (2001). Effecgtiveness of Percutaneous Adhesiolysis with Hypertonic Salinde Neurolysis in Refractory Spinal Stenosis. Pain Physician 4: 366.

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