

I-Resolutions Inc.

An Independent Review Organization

71 Court Street Belfast,

Maine 04915 (512)

782-4415 (phone) (512)

233-5110 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 29, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left L5 two-day caudal catheter Racz procedure, 62263, 62284, 72275

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

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)

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.

The reviewer finds that Left L5 two-day caudal catheter Racz procedure, 62263, 62284, 72275 is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 1/28/08, 1/9/08, 10/1/07, 2/20/08
MD, 1/28/08, 1/9/08, 10/1/07, 2/20/08

MRI Lumbar Spine, 11/14/06, 6/2/0
MD, 12/14/07
ODG TWC, Low Back

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a back injury on xx/xx/xx while at work. He subsequently had two or three back operations. He continued to have ongoing back pain and has the diagnosis of a failed back syndrome. He is described as having left radicular pain to the left thigh arising from his back.

An MRI in June 2006 showed a left paracentral disc prolapse at L5/S1.

An MRI on 11/14/06 showed scarring about the left S1 nerve root. He underwent a left neuroplasty in March 2007 with limited improvement of his pain of about a 20% reduction. He subsequently had a 1 day neuroplasty in November 2007 with a 50% reduction in his pain. Apparently this was not approved by his insurance and he had this at his own expense. The notes from Dr. on January 28, 2008 reported ongoing improvement of his pain. Dr. has second opinions from Dr. and Dr. who agree with him. Dr. performed a peer review in December 2007 of the records and felt treatment was appropriate and that the Neuroplasty was not appropriate. He cited a second MRI in March 2007 that showed the scar about the nerve root. Dr. referenced this.

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

The reviewer finds that Left L5 two-day caudal catheter Racz procedure, 62263, 62284, 72275 is medically necessary.

The ODG for the Racz procedure refers the reader to adhesiolysis. This is as follows:

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. ([Gerdsmeyer, 2003](#)) ([Heavner, 1999](#)) ([Belozer, 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.

First, the second part of the first paragraph does report some success of this procedure under certain circumstances. The preliminary criteria cited is for the 1 over the 3 day treatment option. Dr. does describe why the 3 day program is preferable. The first part of the ODG describes that “the technical ability of the physician appears to play a large role in the success of the procedure.” Dr., from what I have been able to determine, is part of Dr. group. This addresses this issue.

The ODG further states that “The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care.

Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient’s clinical circumstances.” (ODG copyright page)

The case history, the options provided in the ODG, Dr. expertise would all substantiate the appropriateness to try this procedure for this man. Lastly, Dr. described the reduction in the use of controlled substances in this man as his pain lessened. Texas Administrative Code Title 22, Part 9. Chapter 170 encourages the use of any reasonable measure to reduce the use of opiates.

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)