



Specialty Independent Review Organization

## Notice of Independent Review Decision

**DATE OF REVIEW:** 5/6/2008

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of Adhesiolysis of the left nerve roots.

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

The reviewer is a board certified Orthopedic Surgeon who has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Adhesiolysis of the left nerve roots.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
Pain Management Clinic- DC

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Pain Management Clinic- DC: Dr. letter- 11/18/07 - 3/5/08, Initial Consultation Note-1/8/08 & 12/7/07.

Records reviewed: preauthorization review summary letters-2/22/08, 2/15/08, & 1/21/08; MD Urine Drug Screen-2/8/08; Spine and Joint Hospital radiology report-2/1/08; DWC53-11/2/07; Back Institute notes-5/26/04 - 10/23/07, FCE- 12/12/06 & 5/16/05; Patient letter to Back Institute-1/24/07; various TWCC73s;

Back Institute Impairment Center evaluation-6/14/05; review outcome-7/14/04, 8/11/04, 8/12/04, 12/8/04, 12/30/04, 1/17/05, 3/11/05, & 3/1/05; Hospital radiology report-3/9/05 & 8/20/04 and Preoperative report-3/9/05 & 8/19/04; , MD Prelim report-3/9/05 & 8/19/04; Surgery Center operative report and radiographic note -1/5/05, 2/9/05, & 1/26/05; Wide Open MRI final report-12/17/04; Physical Therapy Services Initial Evaluation and Plan of Care-9/29/04, FCE-11/15/04 and Patient Treatment Daysheet-10/1/04 – 11/11/04, Progress Re-Eval-10/13/04 & 11/1/04; Group Behavioral Medicine Evaluation-8/17/04 and Referral Sheet-7/1/04; ETMC radiology report-5/28/04; TWCC1-2/11/04.

Records reviewed: Preauthorization review Summary-4/4/08 & 4/14/08, Preauthorization advisor review form-4/2/08 & 4/11/08; Physicians Pain Management preauthorization request-3/31/08 & 4/4/08; Hospital Operative report-8/19/04; ETMC MRI report-12/18/04.

The URA provided a copy of the ODG for this review.

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

The patient is a male injured at work. He sustained HNP L5-S1 and underwent conservative therapy which failed. A laminectomy was performed on 8/19/2004. His symptoms recurred and he underwent a revision to the laminectomy and discectomy on 3/9/2005. An MRI on 12/2004 noted epidural fibrosis. The patient has chronic back and left greater than right leg pain.

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

The reviewer states that according to the ODG...this treatment is “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, if present, 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. Therefore, it cannot be approved according to the reviewer.

**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)