



IRO#
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DATE OF REVIEW: 07/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat Lumbar Percutaneous Lysis of Epidural Adhesion

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

Upheld

| Health Care Service(s) in Dispute | CPT Codes | Date of Service(s) | Outcome of Independent Review |
|---|-----------------------------------|--------------------|-------------------------------|
| Repeat Lumbar Percutaneous Lysis of Epidural Adhesion | J7050, J2250, 99144, 97010, A4550 | - | Upheld |

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

| No | Document Type | Provider or Sender | Page Count | Service Start Date | Service End Date |
|----|---------------------|-------------------------|------------|--------------------|------------------|
| 1 | Office Visit Report | | 22 | 05/31/2007 | 06/09/2009 |
| 2 | Office Visit Report | , DO | 11 | 11/21/2007 | 06/09/2009 |
| 3 | Diagnostic Test | Radiology Consultants | 2 | 03/19/2007 | 12/10/2008 |
| 4 | Diagnostic Test | Open MRI | 2 | 04/19/2007 | 04/19/2007 |
| 5 | Op Report | Pain Recovery Center of | 5 | 02/05/2008 | 01/29/2009 |
| 6 | RX History | Insurance | 15 | 01/29/2009 | 01/29/2009 |
| 7 | UR Approval Letter | | 1 | 09/09/2008 | 09/09/2008 |
| 8 | UR Approval Letters | | 14 | 01/17/2008 | 06/17/2009 |

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|----|-------------------|-------------------------------|----|------------|------------|
| 9 | UR Denial Letters | | 23 | 06/03/2008 | 05/21/2009 |
| 10 | IRO Request | Texas Department of Insurance | 14 | 06/26/2009 | 06/26/2009 |

PATIENT CLINICAL HISTORY [SUMMARY]:

The date of injury is listed as xx-xx-xx.

Lumbar spine x-rays accomplished on 3/19/07 revealed findings consistent with a fusion at the L4-L5 level with facet disease throughout the lumbar spine.

A CT scan of the lumbar spine obtained on 4/19/07 revealed findings consistent with a solid appearing fusion at the L4-L5 level. Additionally, there were findings consistent with lumbar spinal stenosis at the L3-L4 level of a moderate to severe nature.

A physician assessment dated 5/31/07 indicated that previous treatment in the form of 2 lumbar facet joint injections did not provide a marked reduction in pain symptoms.

An electro diagnostic assessment of the lower extremities accomplished on 6/7/07 disclosed findings consistent with no abnormalities.

Bilateral medial branch blocks were performed to the L3, L4 levels on 2/6/08.

Bilateral intra articular facet injections were performed to the L3 levels on 7/15/08.

On 1/29/09, the claimant underwent a lysis of lumbar epidural adhesions.

Item in dispute: Lumbar percutaneous lysis of epidural adhesions

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

The records available for review document that the claimant is with a medical diagnosis of a failed back syndrome. It is documented that the claimant is on narcotic medication for management of pain symptoms. An electro diagnostic assessment accomplished on 6/7/07 did not document the presence of any findings worrisome for an active lumbar radiculopathy. Official Disability Guidelines do not provide data to support that treatment in the form of a lysis of adhesions procedure is considered to be definitive means of decreasing symptoms of pain referable to the lumbar spine. The above noted reference indicates that the requested procedure is not recommended due to a lack of sufficient literature evidence to support a medical necessity for the requested procedure. As a result, per criteria set forth by the above noted reference, medical necessity for the requested procedure is presently not established.

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

Low Back Chapter

Not recommended due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature). Also referred to as epidural neurolysis, epidural neoplasty, 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](#)) ([Belozar, 2004](#)) ([BlueCross BlueShield, 2004](#)) ([Belozar, 2004](#)) ([Boswell, 2005](#)) ([Boswell, 2007](#)) ([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.