

SENT VIA EMAIL OR FAX ON
Mar/23/2009

True Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW:
Mar/23/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
RACZ-LYSIS of Epidural Adhesions

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
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 1/26/09 and 1/6/0-9

Records from Comprehensive Pain Management 11/20/06 thru 2/12/09

MRI 4/6/07 and 9/11/06

Literature No Date

Peer Review 10/17/08

Dr 9/19/06; 9/7/06

OP Report 9/1/05 thru 8/10/

PATIENT CLINICAL HISTORY SUMMARY

This is a gentleman who had back surgery in xx/xx/xx. He had ongoing back pain reportedly in a dermatomal pattern down the right lower extremity. Dr. described reduced right knee and ankle jerks and reduced sensation on the right compared to the left. He also described motor weakness (4+) on the right in the L4/5 and S1 innervated muscles. The most recent MRI was performed 4/6/07. It showed the prior right-sided laminectomy and scar tissue about the right S1 nerve root. The man had improvement with S1 root epidural injections in 2006, but the

pain recurred. There was no evidence³ of any new disc herniation.

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

This man had the two back operations and has ongoing right lower extremity pain and back pain. Dr. stated he has post laminectomy syndrome and radiculopathy. One requirement to document a radiculopathy as to referred pain is to identify the dermatomal pattern. Dr. wrote that this man had dermatomal pain, but did not specify the dermatome. Yet he did improve transiently in 2006 with the transforaminal injections.

Dr. provided an abstract of an article supporting the use of the Racz procedure. The patients had back and identified radiculopathy for inclusion. Dr. examination described multiple level motor weakness and the reduced knee and ankle jerks. He also described reduction of sensation in the L5/S1. Based upon these findings, I can presume the pain is in the L5/S1 root distribution and was just not written as such.

The second issue is the treatment itself. It is considered a form of percutaneous rhizotomy. The Reviewer personally knows of some success and some failures. The ODG is reportedly guidelines based on evidence-based medicine. Other guidelines exist, but reportedly do not meet the ODG criteria. The ODG considers the program as not recommended for the reasons provided above. The abstract provided by Dr. supports the treatment, but the data has not been critiqued according to the Cochrane methods.

Racz neurolysi

See Adhesiolysis.

Adhesiolysis, percutaneous

Not recommended due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature). 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

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Adhesiolysis, spinal endoscopy

Under study with current research showing promising results for radicular pain. Spinal endoscopic adhesiolysis allows for visualization of the epidural space in contrast to percutaneous adhesiolysis procedures. A recent prospective, randomized, double-blind trial of patients with chronic low back pain and lower extremity pain found significant improvement in pain relief, function, range of motion and psychological parameters over a control group of patients receiving caudal epidural injections at S3. Mean duration of pain relief was 7.6 ± 4.7 months. Inclusion criteria included pain of at least 2 year's duration and no improvement with one-day percutaneous adhesiolysis. Exclusion criteria included opioid dependency (any patient with a daily use of opioids of \geq the following were excluded: hydrocodone 100 mg; methadone 60 mg; morphine 100 mg; other opioids with the same morphine equivalent dose). Previous back surgery was noted in 84% of the intervention group. (Manchikanti, 2005) Repeat procedures are recommended at no sooner than every 6 months provided there is at least 50% pain relief for ≥ 4 months. (Boswell, 2005) Adverse reactions include those related to percutaneous adhesiolysis. This technique is also under investigation for treatment of spinal stenosis, and has been particularly successful in treatment of radiculopathy secondary to this condition. (Igarashi, 2004) See also Adhesiolysis, percutaneous.

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

[] ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)