



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 3/31/2010

**IRO CASE #:**

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

The services under review include the medical necessity of a right L4 and L5 transforaminal ESI with Epi, with Wydase (64483, 64484, 72275, J3470).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been in practice for greater than 15 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 medical necessity of a right L4 and L5 transforaminal ESI with Epi, with Wydase (64483, 64484, 72275, J3470).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
MD, and MD

These records consist of the following (duplicate records are only listed from one source): Dr. 1/27/10 to 2/22/10 notes by Dr. 11/4/09 electrodiagnostic report and 10/16/09 lumbar MRI report.

3/1/10 denial letter, 3/9/10 denial letter, 2/22/10 preauth request, 11/3/08 electrodiagnostic report, 3/1/10 request for reconsideration, 3/10/10 request for IRO letter, 10/4/08 to 11/5/08 notes from xxxxx, 10/69/08 to 12/10/09 notes by, MD, 10/27/08 to 5/5/09 reports by, MD, 11/11/08 to 12/23/08

reports by MD, various approval and denial letters from the carrier, 12/10/08 to 8/26/09 clinical encounter summary, radiographic report 1/9/09, 1/9/09 operative report, FCE report 4/15/09, 4/15/09 report by, MD, 5/12/09 lumbar MRI report, initial eval by PT progress note 6/4/09, 6/4/09 FCE report, 6/4/09 hospital records, 6/11/09 note byxxxx OTR, 6/22/09 cervical MRI report, progress notes from xxxxx6/22/09 to 6/23/09, records 8/6/09 to 9/8/09 (flow sheets, lab work, etc.), PT notes from xxxxx, handwritten notes from DC, 9/8/09 lumbar CT report, 9/24/09 script by DC, 10/06/09 radiological report, ED physician notes 10/7/09 to 10/24/09, DD report of 10/1/09, 10/16/09 office visit note, 11/4/09 electrodiagnostic report, 1/15/10 ER note and 1/21/10 note by MD.

MD: Office Notes – 10/18/08-12/9/09.

We did not receive the ODG Guidelines from Carrier URA.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was injured at work. He has undergone left L4-5 laminectomy. Post operative MRI reveals epidural scarring on the right on 10/16/09. TFESI with steroid, diluent, and Wydase at right L4 and L5 on 3/3/10 offered 20% relief. EMG/NCS verifies polyneuropathy on 11/4/09.

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

Adhesiolysis trial #2 is recommended by the treating doctor via TFE administration of Wydase at right L4 and L5. The patient has EMG evidence of polyneuropathy in this patient with thyroid dysfunction, but he also has MRI evidence of epidural scarring at right L4-5.

ODG: 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. 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.

**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.

**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)**