



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 1/22/10

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for outpatient caudal epidural steroid injection (ESI) with lysis of adhesions.

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

Texas licensed anesthesiologist

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 previously denied request for outpatient caudal ESI with lysis of adhesions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice of Utilization Review Findings dated 1/22/10.

- Prospective IRO Review Response dated 1/21/10.
- Request Form dated 1/13/10.
- Letter from Treating Doctor dated 12/28/09, 12/1/09.
- Pre-Authorization dated 12/18/09 (x2), 11/24/09, 3/25/09.
- Pre-Authorization Request Form dated 12/18/09, 11/24/09, 3/11/09.
- Procedure Request dated 11/18/09.
- Follow-up Visit dated 11/18/09, 3/5/09.
- Myelogram Lumbar Spine dated 9/25/09.
- Lumbar Spine, AP/Lat/Flex/Ext dated 7/23/09.
- Lumbosacral Spine, 3 Views dated 7/14/05.
- MRI Lumbar Spine dated 5/30/01.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Not provided.

Diagnosis: Chronic low back pain with post-laminectomy syndrome.

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

This male sustained an industrial injury on xx/xx/xx. The mechanism of injury was not provided. The current diagnosis was chronic low back pain with post-laminectomy syndrome. The patient complained of low back pain (LBP) with radiation to the hips. The examination, on 11/18/09, showed decreased lumbar lordosis, tenderness to palpation (TTP) over the sacroiliac (SI) joints, positive straight leg raise (SLR) left greater than right. The note also indicated that the patient had undergone the adhesiolysis procedure in the past, but no specifics were given in regards to his response. The CT myelogram (very difficult to read) showed fusion L4-S1 with normal nerve root filling, with L1 compression fracture. The case was discussed in detail with the requesting provider. Per the ODG: "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.” Epidural adhesiolysis is not recommended by the ODG. Furthermore, in this case, there was no documentation of adhesions identified on gallium MRI or fluoroscopy. Therefore, in accordance with the ODG, the previous adverse determination is upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
 - Official Disability Guidelines (ODG), Treatment Index, 7th Edition (web), 2009, Low back – Percutaneous Adhesiolysis.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).