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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Caudal Epidural Blockade with Lysis of Adhesions Technique under Fluoroscopy with IV Sedation

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

M.D., Board Certified in Anesthesiology and Pain Management

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

Adverse Determination Letters, 4/13/10, 5/4/10

Anesthesia TXAN 4/21/10, 3/31/10

Radiology 6/13/02

Radiology Associates 3/5/02

ODG-TWC

M.D. 12/8/09

PATIENT CLINICAL HISTORY SUMMARY

The patient complains of "burning pain, numbness, and tingling down into his right greater than left foot." He has a history of a L4-S1 fusion (4/7/03). On 3/15/06, the hardware was removed. Prior to these surgeries, the patient failed ESI's and facet joint injections. There is no documentation of any interventional procedures being performed after the surgeries discussed above. There was no documentation of any imaging studies performed after these surgeries.

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

Per the Official Disability Guidelines, epidural adhesiolysis generally is "not recommended due to the lack of sufficient literature evidence." But, the following are criteria "suggested"

when considering adhesiolysis:

- “1) All conservative treatment modalities have failed, including epidural steroid injections;
- 2) The physician intends to conduct the adhesiolysis in order to administer drugs closer to a nerve;
- 3) The physician documents strong suspicion of adhesions blocking access to the nerve;
- 4) Adhesions blocking access to the nerve have been identified by Gallium MRI or Fluoroscopy during epidural steroid injections.”

It is noted that there is no mention of a home exercise program, physical therapy, or ESI's being performed since having the lumbar spine surgeries described above. Therefore the criteria for #1 is not met. The requesting physician does not mention anything concerning #2 or #3. There is also no MRI or epidurogram available for review to satisfy criteria #4. The reviewer finds that medical necessity does not exist at this time for Lumbar Caudal Epidural Blockade with Lysis of Adhesions Technique under Fluoroscopy with IV Sedation.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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