

SENT VIA EMAIL OR FAX ON
Dec/20/2010

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI Level L4/5 62264 Percutaneous lysis of epidural adhesions using solution injections (eg, hypertonic saline, exzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions, 1 day; 62311 injection, single (not indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solutions), epidural or subarachnoid, lumbar; 72275 epidurography; 77003 fluroscopic guidance

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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 percutaneous adhesiolysis is not medically necessary

The lumbar ESI at L4-L5 is medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 11/23/10 and 12/3/10

Dr. 1/29/10 thru 11/12/10

DDE 8/26/10

Dr. 1/6/10

Diagnostics 1/29/10 thru 11/12/10

FCE 9/3/10
CT Scan Left Hip 6/2/10
Lumbar MRI 4/13/10
MRI Left Hip 3/18/10
MRI Brain 3/2/10
MRI Cervical Spine 3/2/10
NCS/EMG 2/2/10
X-Ray 1/29/10
Radiology Reports 12/31/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx, when he jumped off of a scaffold. He complains of low back with radiating left leg pain. He has been participating in an at-home physical therapy program. An EMG 02/02/2010 revealed a left L4-L5 radiculopathy. An MRI of the lumbar spine 04/13/2010 revealed at L3-L4 mild hypertrophic facet changes on the right with mild bilateral neuroforaminal narrowing. There was an L4-L5 disc bulge, moderate to advanced neuroforaminal narrowing and possible impingement on the right L5 nerve root sleeve. At L5-S1 there is a protrusion and moderate neuroforaminal narrowing. He underwent an ESI on the left at L4-L5 on 10/01/2010 and got 70-75% pain relief, but the pain returned. His examination 11/12/2010 reveals a positive straight-leg raising on the left with weakened strength in the left leg, compared to the right. The provider is requesting a lumbar ESI at L4-L5 (6 weeks after the first injection), percutaneous lysis of epidural adhesions, with injection, single, not of diagnostic or therapeutic substances, for epidurography and fluoroscopic guidance.

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

The lumbar ESI at L4-L5 is medically necessary. The claimant does have objective evidence of radiculopathy and received benefit from the prior injection. He is reported to have had a 70-75% improvement in his pain, and a second request was made 6 weeks later. According to the ODG, "Low Back" chapter repeat ESIs are indicated, "If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." The claimant's condition meets this criterion.

The percutaneous adhesiolysis with associated epidurography and fluoroscopy is not medically necessary. According to the ODG, "Low Back" chapter, a percutaneous adhesiolysis is "not recommended due to the lack of sufficient literature evidence". If it is to be done, the criteria for its performance are as follows:

"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.

Given that a second ESI is being requested and he did receive benefit from the 1st ESI, then it is not clear that he has failed epidural steroid injections. Also, there is no evidence that adhesions blocking access to the nerve have been identified by Gallium MRI or fluoroscopy during epidural steroid injections. For these reasons, then, the percutaneous adhesiolysis is

not medically necessary.

References/Guidelines

2010 *Official Disability Guidelines*, 15th edition
ODG, "Low Back" chapter

Repeat ESIs are indicated "If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported."

Percutaneous adhesiolysis is "not recommended due to the lack of sufficient literature evidence".

"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-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)