

SENT VIA EMAIL OR FAX ON
Dec/17/2010

Applied Assessments LLC

An Independent Review Organization

1124 N Fielder Rd, #179

Arlington, TX 76012

Phone: (512) 772-1863

Fax: (512) 857-1245

Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Epidural lysis of adhesions RACZ

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

Spine 8/23/10 thru 11/30/10

Spine & Joint Hospital 10/20/10

Dr. 2/9/10 thru 4/23/10

MRI 10/26/09

IRO Letter 12/16/10

Carrier 483 pages 7/28/03 thru 12/16/10

Physician Pain Management Clinic 9/8/09 thru 10/9/09

Lumbar Myelogram 8/10/04 and 9/4/02

Lumbar Spine 5/1/03 and 10/22/02

MRI 1/8/02

OP Report 10/21/02

PATIENT CLINICAL HISTORY SUMMARY

This is a man with failed back syndrome after surgery for an injury in xx/xx. Dr. noted the ongoing back pain and pain to the hip. He wrote on 10/09/09 "Depending on the extent of the scar tissue about the nerves, we may set him up for a Racz procedure..." Dr. wrote on 2/09/10, "...the perithecal scar may be the contributing factor to his persistent S1 radicular symptoms and that percutaneous epidural adhesiolysis or what is referred to as the "Racz" procedure is a logical therapeutic intervention." He apparently had some transient relief with an ESI in 10/10. I did not see the actual reports other than a short term follow up note. The MRI in 2003 noted at L4/5 "Small enhancing perithecal scar formation is identified." At L5/S1 "Mild perithecal enhancing scar formation is identified." Dr. wrote on 2/09/10, "...the perithecal scar may be the contributing factor to his persistent S1 radicular symptoms and that percutaneous epidural adhesiolysis or what is referred to as the "Racz" procedure is a logical therapeutic intervention." The MRI from 10/26/09 (which included gadolinium contrast) described central disc protrusion at l1/2 reaching the thecal sac, a diffuse central protrusion at L2/3 and a broad based one at L3/4 reaching the right L3 neural foramen. It also described a protrusion at L4/5 reaching the right L4 neural foramen and the right L4 root. "There is nothing to suggest residual or recurrent disc protrusion within the central canal at the L5/S1 level. Left L5 neural foraminal narrowing is present as a result of facet hypertrophy and left lateral disc osteophyte formation." 10/20/10, Dr. performed the ESI. His note did not describe any obstruction to the flow of the contrast agent.

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

The ODG challenges the role of the Racz procedure. It requires that there be "Adhesions blocking access to the nerve have been identified by Gallium MRI or Fluoroscopy during epidural steroid injections." The 2009 MRI did not describe any adhesions or fibrosis. Dr. ESI report failed to describe any blockage to the contrast agent flow. These criteria were not met per the ODG to provide medical justification for the procedure.

Adhesiolysis is looked upon favorably in the Guidelines of Interventive Techniques: Evidence-based practice Guidelines in the Management of Chronic Spinal Pain. www.painphysicianjournal.com pages 48-50 (2007) provided there was evidence of the adhesions. Again, this was not described in the MRI Report.

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)