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Notice of Independent Review Decision

DATE OF REVIEW: 12/15/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Left sacroiliac lysis of adhesions times 3.

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 Anesthesiology.

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 Left sacroiliac lysis of adhesions times 3.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Xx/xx/xx, the patient is a male who sustained an injury. The patient was 73 inches in height, weighed 185 pounds, and had a body mass index (BMI) of 24.41. The patient had been to physical therapy with some mild improvement in function but no improvement in pain. 11/24/13, the patient had discectomy. 6/13/14, the patient underwent left S1 transforaminal epidural steroid injection with versa-kath to L4-5 space, which gave the patient 90% pain

relief for 2 days. The pain returned. The medications were Tizanidine, Acetaminophen, Norco, Lorzone, Lantus Solostar, Glyburride, and Januvia.

09/15/14, the patient complained of radiating low back pain. It was worse with activity and movement, at worst it was rated as a 9/10, at best after a significant amount of rest it was 6/10. The low back pain was described as sharp and dull. The pain was rated as 6/10 at this time and usually 7-8/10. The pain was radiated to bilateral hips, left buttocks, and left lower extremity. The patient had difficulties falling and staying asleep. There was no bowel and bladder incontinence. The review of systems was positive for back pain and stiffness. On physical examination, it showed bilaterally but left greater than right (pain with facet loading). The strength was 5/5 bilateral lower extremities. The patient was not well controlled on pain medications, but the patient received mild relief from the Norco. The symptoms persisted in the L5 and S1 regions, worse on the left side, including numbness, weakness, and radicular pain. The treatment plan was to schedule for a left S1 lysis of adhesions with target to L4-5, with infusion times 3 as the patient failed conservative. 10/13/14, the patient was recently denied for a left trans-S1 with catheter to L4-5 lysis of adhesion with 3 infusions of hypertonic saline. Due to this denial, the patient was suffering from the debilitating pain at this time. The pain had significantly affected the ability to perform work around the house, walk sleep and performed activities of daily living. During that period of pain relief, the quality of daily life significantly improved. Based upon reading the denial letter for the requested procedure, it mentioned prior published literature from years ago. Currently, there had been more supportive literature studying efficacy and safety of epidural adhesiolysis. The goal was to reduce the amount of scar tissue in the epidural space and decompressed nerve roots, resulting in a decrease in pain. Also, in the letter of denial, it stated the success of the procedure was variable depending on the technical skill of the performing physician. The provider developed and pioneered this procedure and would be performing the procedure. The provider assured there would be no technical issues with the procedure. As mentioned with any pain procedure, there were risks involved. In the hands of a physician who had performed this procedure countless times, the benefits outweigh the risks. The provider would like the patient to be able to have an improved quality of life and regain the ability to work with minimal or no opiate usage. After failing conservative management and insufficient pain relief from previous epidural steroid injections, the lefttrans-S1 with catheter lysis of adhesion with either 1 or 3 of hypertonic saline was the next step in pain management.

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

Criteria used in analysis:

Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, 2013
Low Back 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. (Gerdesmeyer, 2003) (Heavner, 1999) (Belozer, 2004) (BlueCross BlueShield, 2004) (Belozer, 2004) (Boswell, 2005) (Boswell, 2007) (The Regence Group, 2005) (Chopra, 2005) (Manchikanti1, 2004) (Epter, 2009) 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. (Veihelmann, 2006)

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.

Reviewer comments:

Claimant was diagnosed with lumbar radicular syndrome and prior treatment with ESI was unsuccessful at mitigating symptoms. Per ODG, there is insufficient literature evidence to support epidural lysis of adhesions and the procedure carries risk of significant untoward adverse effects. Given that the procedure is largely experimental, unsupported by ODG and that this claimant did not have pain relief with prior ESI, this request is non-certified.

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)