

Sample Letter of Medical Necessity for Lysis of Adhesions

<Date>

Name  
Address  
City, State  
Attn: Appeal Department

Re: Patient Name

ID#:

To Whom It May Concern:

I am requesting authorization/precertification on behalf of my patient (**patient name**) for the outpatient procedure, Epidural Lysis of Adhesions. (**Patient name**) has been a patient of mine for approximately..... I have been treating (**patient name**) for (**diagnosis**). This patient presents with (**DESCRIBE HISTORY**). (**Patient name**) has tried and failed (**CONSERVE TRMT, SURGERIES, ETC. – YOU'RE TRYING TO PROVE WHY THIS PATIENT NEEDS THIS PROCEDURE**).

Epidural Lysis of Adhesions (Lysis) is an Interventional Pain Management technique which emerged in the late 80's. To date, there have been in excess of 1.7 million Lysis procedures done in the US and in over 32 countries internationally. Lysis was developed as a means of removing epidural scarring leading directly or indirectly to compression, inflammation, swelling, or a decreased nutritional supply of nerve roots. It utilizes a number of modalities in the effort to break up epidural scarring, including the use of a spring wound catheter, placement of the catheter in the ventro-lateral aspect of the epidural space at the site of the exiting nerve root, and the use of high volumes of injectate, including local anesthetics and saline, either hypertonic or isotonic, along with steroids.

Lysis is a minimally invasive procedure that is a useful, cost effective alternative, providing relief for patients suffering chronic pain as a result of conditions such as failed back surgery, stenosis, radiculopathy, epidural adhesions and/or disc disruption. Typically, additional surgery is not effective in relieving pain after previous surgery. While therapies have been developed to treat pain due to spinal stenosis, no therapy other than Lysis will treat pain due to nerve root adhesions. An added benefit to the Lysis procedure is the lack of serious complications in the aging population.

**In February 2016 a Systematic Review and Meta-analysis of Lysis was published<sup>7</sup>. This review identified 45 studies with 7 of those being randomized controlled trials and 3 observational studies. Based upon 7 randomized controlled trials showing efficacy, with no negative trials, there is Level 1 or strong evidence of the efficacy of percutaneous adhesiolysis in the treatment of chronic refractory low back and lower extremity pain. In a 2013 study, results reflect 50% of patients will reduce or resolve their pain at 1 year<sup>1</sup>. In a 2012 study reflected an 82% improvement over a 2 year period<sup>2</sup>. In a 2009 peer-reviewed published study, patients who underwent Lysis had a 50% decrease in pain at 1 year<sup>4</sup>. In July 2006, a randomized blinded study was published showing significant alleviation of pain and functional disability in patients with chronic low back pain and sciatica based on disc protrusion/prolapse or failed back surgery at 1 year<sup>5</sup>.**

Re: Patient Name

ID#:

I will be performing this procedure (**location**). The CPT code used for billing will be 62264. In addition, billing will be submitted for the epidural catheter outside the global fee with a copy of the invoice attached. I have attached all clinical information for (**patient name**) (**attach patient chart notes, diagnostics, conserve trmt, etc.**). I am extremely confident that Epidural Lysis of Adhesions will help my patient, thus avoiding more costly and invasive procedures.

If you have any questions, please feel free to contact me at (.....). Thank you for your consideration.

Sincerely

Dr. Doctor, MD

<sup>1\*\*</sup>Percutaneous epidural lysis of adhesions in chronic lumbar radicular pain: a randomized, double-blind, placebo-controlled trial. Gerdesmeyer L, Wagenpfeil S, Birkenmaier C, Veihelmann A, Hauschild M, Wagner K, Muderis MA, Gollwitzer H, Diehl P, Toepfer A. Pain Physician. 2013 May-Jun;16(3):185-96.

<sup>2\*\*</sup>Results of 2-year follow-up of a randomized, double-blind, controlled trial of fluoroscopic caudal epidural injections in central spinal stenosis. Manchikanti L, Cash KA, McManus CD, Pampati V, Fellows B. Pain Physician. 2012 Sep-Oct;15(5):371-84.

<sup>3\*\*</sup>A comparative effectiveness evaluation of percutaneous adhesiolysis and epidural steroid injections in managing lumbar post-surgery syndrome: a randomized, equivalence controlled trial. Manchikanti L, Singh V, Cash KA, Pampati V, Datta S. Pain Physician. 2009 Nov-Dec;12(6):E355-68.

<sup>4\*\*</sup>The preliminary results of a comparative effectiveness evaluation of adhesiolysis and caudal epidural injections in managing chronic low back pain secondary to spinal stenosis: a randomized, equivalence controlled trial. Manchikanti L, Cash KA, McManus CD, Pampati V, Singh V, Benyamin R. Pain Physician. 2009 Nov-Dec;12(6):E341-54.

<sup>5\*\*</sup>Epidural neuroplasty versus physiotherapy to relieve pain in patients with sciatica: a prospective randomized blinded clinical trial. Andreas Veihelmann, C. Devens, H. Trouillier, C. Birkenmaier, L. Gerdesmeyer, and H.J. Refior; J Orthop Sci (2006) 11:365–369

<sup>6\*\*</sup>One day lumbar epidural adhesiolysis and hypertonic saline neurolysis in treatment of chronic low back pain: a randomized, double-blind trial. Manchikanti L, Rivera JJ, Pampati V, Damron KS, McManus CD, Brandon DE, Wilson SR. Pain Physician. 2004 Apr; 7(2):177-86.

<sup>7\*\*</sup> Percutaneous and Endoscopic Adhesiolysis in Managing Low Back and Lower Extremity Pain: A Systematic Review and Meta-analysis. Standiford Helm, MD, Gabor B. Racz, MD., Ludger Gerdesmeyer, MD, Rafael Justiz, MD, Salim Hayek, MD5, Eugene D. Kaplan, MD6, Mohamed Ahamed El Terany, MD7, and Nebojsa Nick Knezevic, MD, PhD. Pain Physician 2016; 19:E245-E281