LYSIS OF EPIDURAL ADHESIONS

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms “experimental” and "investigational" are considered to be interchangeable.

**Description:**

Epidural fibrosis, the formation of scar tissue outside the dural sac near the nerve root, most commonly occurs as a complication of spinal surgery and may be referred to as “failed back syndrome”. Arachnoiditis, a chronic inflammation inside the dural sac in the arachnoid layer of the meninges, is most frequently seen after multiple surgical procedures. Epidural fibrosis can occur alone, but adhesive arachnoiditis is rarely present without associated epidural fibrosis. In both epidural fibrosis and arachnoiditis, persistent chronic back or leg pain is related to inflammation that results from the entrapment of the lumbar nerves within dense scar tissue and fibrous adhesions.

Lysis of epidural adhesions, using fluoroscopic guidance, with epidural injections of hypertonic saline in conjunction with steroids and analgesics, has been investigated as a treatment option. Hypertonic saline is thought to result in a mechanical disruption of the adhesions and may also function to reduce edema within previously scarred and/or inflamed nerves. Hyaluronidase (Vitrase, Amphadase) may be added to the injection to further the penetration of the drugs into the scar tissue. The physical manipulation of the catheter may disrupt the adhesions. Epidural lysis of adhesions may also be referred to as the Racz procedure or epidural neurolysis.
LYSIS OF EPIDURAL ADHESIONS (cont.)

Criteria:

- Catheter-based techniques for lysis of epidural adhesions, with or without endoscopic guidance, are considered experimental or investigational based upon:

  1. Insufficient evidence to support improvement of the net health outcome, and
  2. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

   These techniques include, but are not limited to:

   - Mechanical disruption with a catheter
   - Injection of hypertonic solutions in conjunction with steroids, analgesics and/or hyaluronidase

Resources:

3. External Consultant Reviews (2). Anesthesiology; Pain Management. 10/20/2008
LYSIS OF EPIDURAL ADHESIONS (cont.)

Resources: (cont.)


