

IRO#
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DATE OF REVIEW: OCTOBER 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Epidural Injections (3 injections)

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

This case was reviewed by a licensed MD, specializing in Orthopedic 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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Cervical Epidural Injections (3 injections)	62298	Upon approval	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Description of Record	Date:
Utilization Review request – Cervical x 1	03/26/07
MRI of Cervical & Lumbar Spine – Diagnostic	04/25/07
Office Visit and physician's order for physical therapy – MD	06/26/07
Utilization review request – Cervical C 6-7 x 1	06/26/07
Utilization Review request– Cervical C-6-7 x3 -	07/13/07
Work Status Report – MD	07/17/07
Report of Medical Evaluation & work status report– Designated Doctor – MD	07/18/07
Utilization Review - Notification of adverse determination for Cervical C6-7 x3 -	07/18/07
Utilization Review request – Physical Therapy request – Foundation	08/06/07
Physician Order for Physical Therapy – MD	08/07/07
Utilization Appeal – Notification of adverse determination for Cervical C6-7 x 3 –	08/09/07
Office Visit - MD	08/14/07
Physician Order for Physical Therapy – MD	08/24/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a lady involved in an on xx/xx/xx while on the job as an 18 wheeler truck driver. Reportedly she was sleeping in the cab when a vehicle pulled in front of the 18 wheeler. She was apparently thrown forward, hitting her shoulder and left knee. The shoulder has resolved. She also injured her neck and lumbar spine.

Dr. noted on 06/26/07 that her “pain has been felt chiefly in the neck with stiffness and radiation between the shoulder blades and the proximal shoulder girdles, but there is no pain down the arms”. She denied “radicular type arm pain and also denies numbness, tingling and pins and needles”.

On 04/25/07 a cervical MRI showed a 3-4mm broad-based protrusion lateralization on the right with minimal flattening of the right ventral cord with minimal right foraminal narrowing. There were 2mm bulges from C2 to C5 without nerve impingement. All available medical records were reviewed. As far as diagnostic imaging and therapies, the patient has had some physical therapy (P.T.) but the amount is not documented.

A CT/myelogram shows L4-5 fusion, solid, with instrumentation and mild loosening of screws. She has had a previous L4-5 fusion with instrumentation. The request does not involve the knee or the lumbar spine.

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

This patient has axial cervical pain. There is no documentation of objective signs of radiculopathy and the patient reportedly denies radicular pain. The literature supports ESIs in patients who have objective signs of radiculopathy in conjunction with a functional restoration program (NASS, Contemporary Concepts of Spine Care, "Epidural Steroid Injections", pgs 1-21, 2001, and ODG, 4th ed, 2006).

They are not recommended as a stand alone mode of treatment. Also, there is no scientific evidence that a series of 3 ESIs are necessary to affect a good response. Normally, if the first ESI fails to achieve greater than 50% pain relief, further injections are not medically necessary (NASS, Contemporary Concepts of Spine Care, "Epidural Steroid Injections", pgs 1-21, 2001, and ODG, 4th ed, 2006). Furthermore, ACOEM, Chapter 8, 2nd ed 2004 does not recommend ESIs because there are no quality scientific studies that show them to be functionally efficacious long term. Therefore, based upon the above rationale the adverse decision regarding this request is upheld.

Per the Official Disability Guidelines, Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. In a recent Cochrane review, there was one study that reported improvement in pain and function at four weeks and also one year in individuals with chronic neck pain with radiation. ([Peloso-Cochrane, 2006](#)) ([Peloso, 2005](#)) Other reviews have reported moderate short-term and long-term evidence of success in managing cervical radiculopathy with interlaminar ESIs. ([Stav, 1993](#)) ([Castagnera, 1994](#)) Some have also reported moderate evidence of management of cervical nerve root pain using a transforaminal approach. ([Bush, 1996](#)) ([Cyteval, 2004](#)) A recent retrospective review of interlaminar cervical ESIs found that approximately two-thirds of patients with symptomatic cervical radiculopathy from disc herniation were able to avoid surgery for up to 1 year with treatment. Success rate was improved with earlier injection (< 100 days from diagnosis). ([Lin, 2006](#)) There have been recent case reports of cerebellar infarct and brainstem herniation as well as spinal cord infarction after cervical transforaminal injection. ([Beckman, 2006](#)) ([Ludwig, 2005](#)) Quadriplegia with a cervical ESI at C6-7 has also been noted ([Bose, 2005](#)) and the American Society of Anesthesiologists Closed Claims Project database revealed 9 deaths or cases of brain injury after cervical ESI (1970-1999). ([Fitzgibbon, 2004](#)) These reports were in contrast to a retrospective review of 1,036 injections that showed that there were no catastrophic complications with the procedure. ([Ma, 2005](#)) The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ([Armon, 2007](#)) See the [Low Back Chapter](#) for more information and references.

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

- 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.
- 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
- 3) Injections should be performed using fluoroscopy (live x-ray) for guidance
- 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.
- 5) No more than two nerve root levels should be injected using transforaminal blocks.
- 6) No more than one interlaminar level should be injected at one session.
- 7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.
- 8) Repeat injections should be based on continued objective documented pain and function response.
- 9) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG. Treatment neck and Upper Back, Epidural Steroid Injections