

# P&S Network, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 01/31/2008      **AMENDED ON 02/07/08**

**IRO CASE #:**

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

This case was reviewed by a Pain Management doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Cervical epidural steroid injection (12/14/07 and 12/31/07)

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o December 14, 2007 utilization review letter
- o December 31, 2007 utilization review letter
- o January 11, 2008 request for a review by an independent review organization
- o Undated provider list
- o October 5, 2006 upright MRI report by M.D.
- o October 2, 2007 electrodiagnostic report by M.D.
- o August 24, 2006 right shoulder MRI report by M.D.
- o January 11, 2007 procedure report for cervical epidural steroid injection by M.D.
- o November 30, 2006 procedure report for cervical epidural steroid injection by M.D.
- o November 2, 2006 procedure report for cervical epidural steroid injection by M.D.
- o January 4, 2008 orthopedic letter of medical necessity by M.D.
- o November 30, 2007 orthopedic report by M.D.
- o November 2, 2007 orthopedic report by M.D.
- o October 12, 2007 orthopedic report by M.D.
- o August 23, 2007 reevaluation report by Dr.
- o June 21, 2007 reevaluation report by Dr.
- o February 2, 2007 report by M.D.
- o December 15, 2006 reevaluation report by Dr.
- o December 7, 2006 independent medical examination report by M.D.
- o November 8, 2006 report by OPA-C
- o August 3, 2006 initial evaluation report by Dr.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records and utilization review reports, the patient sustained an industrial injury with a diagnosis of cervicalgia. Current medications include Lortab, Soma, Neurontin, tramadol, and Xanax. The patient has undergone a cervical spine MRI, C7-T1 epidural steroid injection, physical therapy, and chiropractic care. A December 14, 2007 peer review report rendered a non-certification for this request as the medical necessity of the request of procedure was not fully substantiated by the medical records reviewed. In particular, the report points out that objective physical findings consistent with radiculopathy were not documented. The case was again reviewed on December 31, 2007 and another non-certification was provided. The report states that the patient is a male with persistent neck and right shoulder pain. The patient has apparently undergone three previous cervical epidural steroid injections with reported initial, but temporary relief. A cervical spine MRI performed on October 5, 2006 noted multilevel disc bulging with central canal stenosis at C3 through C7. There was marked neural foraminal narrowing at C3-4, C5-6, and C6-7. Electrodiagnostic studies completed on October 2, 2007 noted bilateral C6 and C7 radiculopathy with chronic neurogenic changes, left greater than right in the upper extremities. Examination on November 30, 2007 noted improved right arm and shoulder function following a subacromial injection. Tenderness in the paraspinal cervical muscles reportedly persisted with a positive Spurling's on the right. Impression was right rotator cuff tendinitis, right shoulder impingement-improved with injection, and multilevel cervical disc herniation. A cervical steroid injection was requested.

The peer-review physician rendered a non-certification for the following reasons: The claimant has been treating for chronic neck pain for over a year. He also has noted right shoulder pathology. The claimant underwent a series of three cervical epidural steroid injections 11 months previous. His response to the injections was not well documented. The records stated that he only had temporary improvement. There was no documentation of ongoing conservative treatment including home exercises and anti-inflammatory medication. The reviewer noted that although there is diagnostic evidence of the radiculopathy in both upper extremities, without a clear indication that the previous injections resulted in increased functioning greater than 50% pain relief, the request for repeat injection is not medically supported.

The records contain procedural reports regarding cervical epidural steroid injection stated November 2, 2006, November 30, 2006, and January 11, 2007. It should be noted that a December 15, 2006 reevaluation report states that the patient's neck condition has shown little improvement.

The records contain a January 4, 2008 orthopedic letter of medical necessity which states that the ODG setup guidelines for approval for cervical epidural injections, requiring the presence of cervical radiculopathy and imaging studies that correlate. The letter notes that the patient has a positive Spurling sign which is a finding of radiculopathy and a disc herniation seen on MRI at the C5-6 level, which corresponds with the symptoms. According to the letter, he meets the criteria for an epidural steroid injection.

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

According to the Official Disability Guidelines, 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. In addition, repeat injections should be based on continued objective documented pain and function response. The medical records fail to document details concerning the patient's response to the previous three cervical epidural steroid injections. There are indications that the patient only had temporary improvement initially. The December 15, 2006 report, which was written shortly following two epidural steroid injections rendered in November 2006, state that the patient had shown little improvement. The records fail to document that there was at least 50% pain relief for a period of six to eight weeks. Given these factors, the medical necessity of a repeat injection at this time is not substantiated. Therefore, my recommendation is to uphold the previous decisions to non-certify the request for cervical epidural steroid injection (12/14/07 and 12/31/07).

The IRO's decision is consistent with the following guidelines:

#### **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 KNOWLEDGBASE

\_\_\_\_ 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

Official Disability Guidelines (2008):

Epidural steroid injection (ESI):

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.