

# P-IRO Inc.

An Independent Review Organization

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**DATE OF REVIEW:** May 20, 2008

**IRO CASE #:**

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

Cervical ESI at C6-C7 under fluoro with MAC anesthesia

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

Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

CT scan cervical spine, 6/18/04

Office note, Dr. 3/7/08

Peer review, Dr. 3/19/08

Letter of appeal, Dr. 3/27/08, 04/28/08

Peer review, Dr. 4/9/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who was injured on xx/xx/xx. At some point within the following six months, the claimant had an anterior cervical discectomy and fusion at C6-7. A 06/18/04 CT scan of the cervical spine demonstrated neural foraminal stenosis identified on the right at the C4-5 and C6-7 levels. The claimant is currently treating with Dr. pain management. The diagnosis is failed cervical surgery syndrome; cervicgia, right cervical radiculitis and chronic pain syndrome. The claimant was evaluated on 03/07/08 by Dr. with exam findings of decreased right biceps and brachioradialis reflexes, right forearm flexion/extension and right wrist flexion/extension strength of 4/5 and decreased

sensory exam in the C6-7 distribution on the right. A nerve conduction study of the upper extremities on 06/11/07 was noted to be normal. Dr. noted at the 03/07/08 office visit that the claimant had an interlaminar cervical epidural steroid injection at C6-7 on 01/25/05. On 02/15/07 she had a cervical epidural steroid injection at C6-7 with 50% decrease in pain for 6 weeks, on 05/10/07 a cervical epidural steroid injection with 50% decrease in pain for 6 weeks and on 10/18/07 a cervical ESI that improved her pain for 2 weeks by 15%. Dr. has recommended another therapeutic cervical epidural steroid injection at C6-7. This has been denied on peer review and has been appealed by Dr.. Dr. indicated in his appeal letter of 04/28/08 that he was uncertain whether all of the epidural steroid administered in the injection of 10/18/07 made it into the epidural space.

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

After a careful review of all medical records, there is nothing to support the claimant requires MAC anesthesia to undergo cervical epidural steroid injection. The claimant has been confirmed by Dr. to have failed conservative measures with physical therapy, anti-inflammatory medication, muscle relaxants, pain medications, and as per his letter of 04/28/08, it had relieved her symptomatology by 50 percent for six weeks for the first two epidural steroid injections, and there is a question that the third injection was in the correct space. Therefore, after a careful review of all medical records and the OD Guidelines, a Cervical ESI at C6-C7 under fluoro is medically necessary, however, not one that would require MAC anesthesia and thus the entire request is denied.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Neck and Upper Back: Epidural Steroid Injection.

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](#)) Quadriparesis 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](#)) There is evidence for short-term symptomatic improvement of radicular symptoms with epidural or selective root injections with corticosteroids, but these treatments did not appear to decrease the rate of open surgery. ([Haldeman, 2008](#)) 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.
- (10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks as this may lead to improper diagnosis or unnecessary treatment.
- (11) Cervical and lumbar epidural steroid injection should not be performed on the same day.

**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)**