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DATE OF REVIEW: 03/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Epidural Steroid Injection C5-C6

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Trauma, Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Cervical Epidural Steroid Injection C5-C6			Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Office Visit Report	Orthopedics	6	10/24/2008	02/04/2009
2	Diagnostic Test	imaging Center	2	09/09/2008	09/09/2008
3	FCE Report	Therapy and Diagnostics	3	10/24/2008	10/24/2008
4	Appeal Denial Letter	Inc	2	02/08/2009	02/08/2009
5	IRO Request	Texas Department of Insurance	13	02/12/2009	02/12/2009
6	Publication	Orthopedic Surgeons	20	02/13/2009	02/13/2009
7	Initial Denial Letter	Inc	3	01/15/2009	01/15/2009
8	RME	MD	6	01/12/2009	01/12/2009
9	TWC Work Status Report	Multiple Physicians	11	09/08/2008	01/19/2009

10	Modified Duty Letter		2	12/17/2008	12/17/2008
11	UR Request	Recovery Clinic	1	10/06/2008	10/06/2008
12	Office Notes	Recovery Clinic	34	08/20/2008	11/17/2008
13	Office Notes	MD	12	09/08/2008	12/29/2008
14	Progress Notes		66	07/15/2008	07/16/2008
15	Fitting and Patient Acceptance Form	Mediquip	2	09/26/2008	09/26/2008
16	FCE Report	Functional Testing	13	11/07/2008	11/07/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old female employed who slipped and fell on xx/xx/xx. She struck her head and complained of back pain. She was initially evaluated at Hospital. Her chest x-ray revealed pulmonary edema and she was admitted for evaluation. Her initial evaluation was primarily focused on the severity and etiology of her cardiopulmonary disease. She underwent cardiac catheterization. Eventually, her cervical and lumbar pain was evaluated. She complained of lower extremity weakness. Spurling's sign was +. She had diminished range of motion in the cervical spine. She was treated with activity modification, medications, and physical therapy. She was evaluated by multiple providers including Dr.. His initial recommendation was for epidural steroid injections at the level C5-C6. An MRI scan on 09/09/08 revealed significant osteophytic ridge with canal stenosis and foraminal stenosis at C6-C7. In 10/2008 Dr. recommended epidural steroid injections; however, this procedure request was denied, reconsidered, and denied again. As of 02/04/09, Dr. had withdrawn the request for pre authorization ESI C5-C6 and will be submitting request for decompression surgery.

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

It would appear that the original denials for pre authorization ESIs C5-C6 was appropriate and should be upheld. The patient appears to suffer significant cervical stenosis based on degenerative disc disease and has myelopathic signs including lower extremity weakness and Spurling's sign +.

Epidural steroid injection (ESI)	<p>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</p>
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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, therapeutic:

Note: The purpose of ESI is to reduce pain and inflammation, 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 or trigger point injections 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.

Criteria for the use of Epidural steroid injections, diagnostic:

To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:

(1) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;

(2) To help to determine pain generators when there is evidence of multi-level nerve root compression;

(3) To help to determine pain generators when clinical findings are suggestive of

	radiculopathy (e.g. dermatomal distribution) but imaging studies are inconclusive; (4) To help to identify the origin of pain in patients who have had previous spinal surgery.
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG: Epidural steroid injection (ESI)

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 03/04/2009.

