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**DATE OF REVIEW:** 03/18/2009

**IRO CASE #:**

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

Injection spine C/T Epidurography anesth N block/injection prone and fluoroguide

**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 Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

**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
Injection spine C/T Epidurography anesth N block/injection prone and fluoroguide	72275, 01992, 62310, 77003		Upheld

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

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	First Report of Injury		1	09/06/2008	09/06/2008
2	Office Visit Report	Pain Institute	9	01/05/2009	01/19/2009
3	Office Visit Report	MD	26	08/27/2008	12/24/2008
4	Designated Doctor Report	MD	4	10/28/2008	10/28/2008
5	Initial and Appeal Denial Letter	Pain Institute	10	01/16/2009	01/26/2009
6	Office Visit Report	Regional Medical Center	15	08/13/2008	09/02/2008
7	Diagnostic Test	Radiology	4	09/02/2008	09/02/2008

		Associates			
8	Notice of Disputed Issue		1	10/13/2008	10/13/2008
9	Peer Review Report	MD	4	10/13/2008	10/13/2008
10	Patient Registration		1	08/26/2008	08/26/2008
11	PT Notes	Regional Medical Center	57	09/18/2008	11/30/2008
12	IRO Request	TDI	16	02/24/2009	02/24/2009
13	Peer Review	MD	4	02/27/2009	02/27/2009

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The date of injury is listed as xx/xx/xx. The records available for review document that the claimant developed difficulty with cervical pain when the claimant attempted to lift a patient.

A chest x-ray accomplished on 8/14/08 was found to be without any abnormalities.

The claimant was evaluated by Dr. on 8/27/08, and it was documented that a CT scan of the brain was obtained after the date of injury, and this study was found to be without an acute pathologic process.

A MRI of the brain was accomplished on 9/2/08, and this study was described as "negative".

A cervical MRI was obtained on 9/2/08, and this study disclosed findings consistent with a very mild disc protrusion at the C5-C6 disc level. The report did not document the presence of a compressive lesion upon any of the neural elements in the cervical spine.

An electrodiagnostic assessment was obtained on 9/4/08. This study revealed findings consistent with a mild left C5, C6 radiculopathy.

It would appear that the claimant received at least 7 sessions of therapy services from 9/18/08 to 10/9/08.

A designated doctor evaluation was conducted on 10/26/08. This evaluation was performed by Dr. and on this date, the claimant was placed at a level of maximal medical improvement. The claimant was awarded a total body impairment of 2%.

The records available for review would appear to indicate that the claimant received at least 6 sessions of supervised therapy services from 11/10/08 to 11/19/08.

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

Based upon the documentation presently available for review, medical necessity for a cervical epidural steroid injection would not appear to be established, per criteria set forth by Official Disability Guidelines. The records available for review do not document that there were any definitive neurological deficits on physical examination. The claimant was placed at a level of maximal medical improvement by a designated doctor on 10/26/08. A designation of maximal medical improvement typically indicates that ongoing medical treatment would not be expected to enhance the physical status of an individual. A cervical MRI accomplished 9/2/08 did not disclose the presence of any findings worrisome for a compressive lesion upon any of the neural elements in the cervical spine. An electrodiagnostic assessment accomplished on 9/4/08 revealed findings consistent with a mild left C5, C6 radiculopathy. In this case, Official Disability Guidelines would not appear to support this request as one of medical necessity. When a designated doctor evaluation was accomplished, the claimant was diagnosed with a myofascial pain syndrome. A cervical epidural steroid injection is not considered to be of medical necessity for the described medical situation. Additionally, the above noted reference would not support this request as one of medical necessity when a cervical MRI obtained after the date of injury did not reveal the presence of a compressive lesion upon any of the neural elements in the cervical spine. There would appear to be a lack of correlation with respect to the documented cervical MRI test results and the documented electrodiagnostic test results. Based upon the documentation presently available for review, medical necessity for a cervical epidural steroid injection would not appear to be established when there is no evidence of a compressive lesion upon any of the neural elements in the cervical spine, particularly when there was a past designation of maximal medical improvement by a designated doctor.

### **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.

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

ODG: **Criteria for the use of Epidural steroid injections, therapeutic**