

DATE OF REVIEW:

05/04/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Cervical epidural steroid injection (CESI) 62310, 77003 and 77040.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOMEUpon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.**Cervical epidural steroid injection (CESI) 62310, 77003 and 77040 is not medically necessary.****INFORMATION PROVIDED TO THE IRO FOR REVIEW**

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PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female who fell off a 12 foot tower. The injured individual went to the hospital and was an inpatient from xx/xx to xx/xx. The injured individual had a negative neurological exam in the Emergency Room (ER). The MRI showed left C5/6 herniation of nucleus pulposus (HNP). The injured individual had a negative neurological exam in 09/2008, in 02/2009, and in 03/2009. The other exams of 10/2008 and 11/2008 indicated she had numbness in the right elbow but the Independent Medical Exam (IME) of 04/01/2009 indicated it was in her left elbow.

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

The neurological exam has been negative multiple times, especially in the last few notes. The injured individual has sensory loss in either the right or left elbow which shifts around. There is no clinical support for a cervical epidural steroid injection. Also, while physical therapy (PT) was suggested in 09/2008 there is no indication it was completed.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Criteria for the use of Epidural steroid injections:

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 be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (2003) (CMS, 2004) (2007)
- 8) 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.
- 9) Epidural steroid injection is not to be performed on the same day as trigger point injection, sacroiliac joint injection, facet joint injection or medial branch block.