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Notice of Independent Review Decision

DATE OF REVIEW: 10/29/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical ESI

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

Certified by The American Board of Physical Medicine & Rehabilitation and Pain Management

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	723.1	62310	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Determination letters dated 9/22/09, 10/6/09
Evaluation dated 9/15/09
Consultation dated 7/30/09

PATIENT CLINICAL HISTORY:

The patient is a male who reportedly was injured on xx/xx/xx . Records indicate the patient began to have neck pain which became progressively worse during the evening with more severe neck and radiating arm pain over left trapezius stopping at deltoid. MRI from 07/22/09 reportedly showed herniated disc

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fragment centrally located at C4-5 with foraminal stenosis left greater than right. Mild protrusions were also noted at C5-6 and C6-7.

The patient was seen on 07/30/09. Physical examination reported the patient to be 5'8" tall and 270 lbs. The patient was noted to have normal gait, with some difficulty with tandem walking. Cervical spine examination reported mild tenderness to palpation along the left paraspinous area. The patient was able to forward flex to 70 degrees and extend to 40 degrees. The patient has pain radiating to left shoulder with extension. He can rotate to approximately 70 degrees bilaterally with pain to the left. Side bending to the right causes pain in left shoulder. Side bending to left causes pain in left shoulder. There is positive Lhermitte test, positive Spurling's and positive shoulder abduction on left. Deep tendon reflexes were reportedly decreased in biceps at 1+ and 2+ in triceps and brachioradialis on left. There is decreased sensation to light touch along the left deltoid as well as up to lesser degree in C6 distribution. Hoffman's sign is negative bilaterally. There reportedly was 4/5 weakness in the deltoid on the left compared to the right. Biceps strength was slightly decreased at 4+/5 on left compared to 5/5 on right. Strength was otherwise 5/5 bilaterally.

The patient was seen on 09/15/09 with chief complaint of neck pain and left arm pain, paresthesias and numbness. It was noted that the patient was finishing a Medrol DosePak. He was also taking Darvocet, which helps somewhat. Physical examination reported the patient to be 5'8" tall and 176 lbs (?). Range of motion of the cervical spine was limited in extension and rotation to left, positive Spurling's sign, and negative Lhermitte's. The patient had full and painless range of motion of shoulders. There is negative impingement sign. Neurologic exam showed mild decreased reflex in left biceps and brachioradialis at 1+. All other reflexes were 2+, equal and symmetrical. Light touch and pinprick were intact bilaterally. There was some mild weakness of the left deltoid at 4+/5, otherwise motor strength was intact. Negative Hoffman's and Babinski were noted. Gait was normal. The treatment plan included cervical epidural steroid injection x3.

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

In the Reviewer's opinion, based on the clinical information provided, the request for cervical epidural steroid injection is not supported as medically necessary. The patient is noted to have sustained an injury secondary to stacking furniture. No radiology reports were included with objective evidence of nerve root impingement. There were conflicting findings on examination reports. The most

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recent examination of 9/15/09 noted the patient to have mild decreased reflex left biceps and brachioradialis as well as some mild weakness of left deltoid. Motor and sensory exams were otherwise intact. It is also noted the request is for epidural steroid injections x 3, and such practices are not supported by current evidence based guidelines. The Reviewer commented that repeat injection should only be offered if previous injection resulted in significant pain reduction and functional improvement.

References:

The 2009 Official Disability Guidelines, 14th edition, The Work Loss Data Institute. Online edition. Neck Chapter
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](#)) There is evidence for short-term symptomatic improvement of radicular symptoms with epidural or selective root injections with corticosteroids, but these

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treatments did not appear to decrease the rate of open surgery. ([Haldeman, 2008](#)) ([Benyamin, 2009](#)) 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;

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(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:

- 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)