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Notice of Independent Review Decision

DATE OF REVIEW: 10/7/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical Epidural Steroid Injection at C6-C7 with fluoroscopy

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

Certified by the American Board of Anesthesiology, with subspecialty certification in Pain Medicine

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination 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	847.0	62310	Upheld
		Prospective		77003	Upheld
		Prospective	847.0	62310	Upheld
		Prospective	723.4	77003	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.
Practitioner/physician notes dated 9/24/09, 9/21/09, 8/13/09, 6/3/09, 5/14/09, 9/11/08
Procedure notes dated 7/2/09, 6/16/09
MRI report dated 2/5/09

NCV/EMG report dated 2/5/09
Official Disability Guidelines cited but not provided-criteria for subsequent ESI's

PATIENT CLINICAL HISTORY:

The patient is reported to have sustained work related injuries on xx/xx/xx while driving. The patient subsequently is reported to have injured his cervical and lumbar spine. He was initially evaluated at a medical center and provided x-rays and told he had some abnormality with disc bulging. The patient was prescribed oral medications and sent back to work on limited duty. The patient was subsequently evaluated on 09/11/08 and it is reported that the patient has pain over the cervical region on right side and paralumbar. There is no radiation to arms or legs. He has had 4 sessions of physical therapy with improvement. The patient is noted to be 5'11" tall and weighed 272 lbs. He has tenderness over right paracervical extending into upper trapezius with limited range of motion of neck in flexion/extension. Thoracic spine is normal. He has tenderness with muscle rigidity over paralumbar region. Straight leg raise is negative. He has no difficulty ambulating. Strength is 5/5. There are no paresthesias. The patient was diagnosed with cervical and lumbar strains. He was provided oral medications and taken off work.

MRI of 02/05/09 is reported to be an otherwise unremarkable MRI examination of the cervical spine; however, there is noted diffuse decreased signal intensity on sagittal T1 images which is nonspecific but may be secondary to underlying anemia. The patient also underwent EMG/NCV studies on 02/05/09. This study reports increased insertional activity and active denervation mostly in C6-7 distribution and paraspinal consistent with radiculopathy. These findings are bilateral based upon EMG/NCV study.

On 05/14/09 the patient was seen. It is reported that the patient continues to have cervical and lumbar pain. The patient was recommended to undergo cervical epidural steroid injections.

On 06/16/09 the patient underwent cervical epidural steroid injection at C6-7 for report of left sided cervical radicular pain and it is reported that MRI showed disc protrusion at C2-3 and C7-T1.

On 07/02/09 the patient underwent a second cervical epidural steroid injection at C6-7.

Clinic note dated 08/13/09 reported the patient has undergone 2 cervical epidural steroid injections with good results but were not long term. He was subsequently recommended to undergo a third injection. The patient is reported to have 70% relief which lasted 10 days. The patient is reported to have left arm numbness and tingling to elbow and occasional fingers with no right sided symptoms. The note indicates that previously the patient was recommended to undergo cervical epidural steroid injection at C5-6. He is recommended to get repeat EMG/NCV and MRI to clarify level. On physical examination the patient is reported to have atrophy of the paraspinal musculature. Tenderness is noted in trapezius. Decreased cervical range of motion is noted with pain. Motor strength is 5/5 in bilateral upper extremities. Reflexes are normal and symmetric. Sensory is intact.

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

In the Reviewer's opinion, the request for cervical epidural steroid injection #3 is not supported by the submitted clinical information. The available medical record indicates that the patient sustained injuries as a result of a motor vehicle accident. The patient has cervical pain with subjective reports of radiculopathy in the left upper extremity. On physical examination the patient has no objective evidence of a cervical radiculopathy on examination. The patient has undergone EMG/NCV study which reports a bilateral upper extremity radiculopathy in the C6-7 distribution. The patient has undergone 2 cervical ESIs with reported 70 percent relief for a period of up to 10 days. Noting that the patient has no objective findings on physical examination and given that the patient's response was transient and only lasting 10 days, the patient would not meet criteria for repeat cervical ESIs. The ODG requires that radiculopathy must be documented by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The submitted records do not support that the patient meets this criteria. Additionally, in the therapeutic phase, repeat blocks should only be offered if there is at least 50 percent pain relief for 6-8 weeks. The submitted clinical records indicate that while the patient achieved significant pain relief, he clearly did not meet criteria for duration. Based upon the submitted clinical information, the request for a third CESI is deemed not medically necessary.

Reference:

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) 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) (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;

(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)**