



IRO#
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DATE OF REVIEW: 02/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO - Repeat C7-T1 ESI

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 Pain Management, Anesthesiology. The physician advisor has the following additional qualifications, if applicable:

ABMS Anesthesiology: Pain Medicine, Anesthesiology

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
IRO - Repeat C7-T1 ESI		-	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	11/06/2009	11/06/2009
2	Diagnostic Test	EHOSM	11	12/01/2009	12/17/2009
3	Diagnostic Test	Diagnostic Center	2	11/06/2009	11/06/2009
4	Fax Confirmation	HDI	1	01/15/2010	01/15/2010
5	Fax Confirmation	Texas Institute	1	12/18/2009	12/18/2009
6	Fax Confirmation	Texas Department of Insurance	2	01/14/2010	01/14/2010
7	Invoice	Becket Systems	1	01/15/2010	01/15/2010
8	Claim File		3	01/13/2010	01/20/2010
9	Op Report	Texas Institute of Pain Management	1	12/12/2009	12/12/2009
10	Office Visit Report	EHOSM	6	11/10/2009	11/17/2009

11	Office Visit Report	MD	5	11/06/2009	11/09/2009
12	Initial Request	EHOSM	2	11/18/2009	11/18/2009
13	Initial Denial Letter	HDI	2	01/12/2010	01/12/2010
14	Initial Denial Letter	HDI	2	12/23/2009	12/23/2009
15	IRO Record Receipt		5	01/13/2010	01/13/2010
16	IRO Request		3	01/05/2010	01/05/2010
17	Claim File		1	01/14/2010	01/14/2010
18	Claim File		1	01/14/2010	01/14/2010
19	Claim File		2	01/14/2010	01/14/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male with a date of injury of xx/xx/xx. The patient has a diagnosis of intractable neck pain with cervical radiculopathy. The mechanism of injury occurred while taking a welding class and leaning forward for a long period of time. There was an MRI performed on 11-06-09 and reported notable for a 6-7 mm C7-T1 HNP. According to a note date 11-10-09, by MD, the patient complained of neck pain and arm numbness. There was a Medrol dose pack, NSAIDs, and Zanaflex prescribed. The patient followed up on 11-17-09 and there was no reported benefit. The patient was seen by MD and a cervical epidural steroid injection was performed on 12-12-09. There was a follow up note dated 12-17-09 by an unknown author. There was noted that the physical exam was unchanged. There was no documentation of radiculopathy or abnormal neurologic exam findings. There was also no documentation of the benefit from the 1st cervical ESI. There was a subsequent request for a 2nd injection.

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

The ODG does support repeat ESI's, provided certain criteria is met. 1) Radiculopathy must be documented on PE. 2) Repeat injections should be based on continued documented pain and function response. 3) Lastly there must be at least 50% pain relief provided. In this patient none of these criteria was documented in the follow up note after the 1st ESI. Based on this the request remains not medically necessary.

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

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
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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](#)) ([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.
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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)