

Unk	Cervical Epidural Steroid Injection with catheter to dispense at C5-C6 and C6-C7		Prosp	1			Xx/xx/xx	xxxxx	Overtured
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INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant has a history of injury which was determined to be a work-related injury to the neck region on xx/xx/xx. The patient was diagnosed with a sprain of the cervical spine as well as cervical disc displacement. The patient had undergone physical therapy sessions which resulted in increased symptoms. The patient was reportedly unable to tolerate medications due to a liver disorder. Initially, an MRI was accomplished on November 8, 2012 and a disc bulge at the level of C5-C6 with moderate bilateral neural foraminal narrowing identified. An MRI study was repeated on April 10, 2013 and a bulge at the level C3-C4 level with narrowing of the right neural foramen. A bulge was also noted with thecal sac flattening of lateral C4-C5 and C5-C6 level and some disc space narrowing noted along with a 4 mm disc protrusion resulting in moderate central canal stenosis and moderate foraminal narrowing. At the level C6-C7, and the disc protrusion, there was identified flattening of the thecal sac and mild left neural foraminal narrowing. The patient was evaluated on June 14, 2013. Physical findings documented decreased range of motion of cervical spine and has 3/5 strength testing of the paravertebral musculature in terms of strength. This included the scalene musculature as well as trapezius musculature. Deep tendon reflexes were noted to be 1/4 with testing of the left biceps. The patient's sensory deficits were noted on the left at the C5-C6 distribution. Positive compression test and a positive bilateral Spurling's maneuver was also noted. A request has been made for a cervical epidural steroid injection by use of the catheter at the levels of C5-C6 and C6-C7. The claimant has essentially failed to respond to all prior forms of treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

ODG was used and previous requests were denied based on levels greater than 2, requested on this review. There was some question in terms of the documented physical findings as well.

The use of ODG is noted below.

The Treatment Planning section is presented as an ideal case plan, indicating selected interventions recommended for each visit, along with timing for these visits. The Treatment Planning section is only a recommendation. It is NOT to be used as a rigid protocol applied in all cases, and therefore should not be used as a basis for medical necessity determinations or utilization review. Healthcare providers may choose to follow the Treatment Planning section at their own discretion. They may also consider interventions outside of the Treatment Planning section. When doing this, they should verify these interventions are recommended as options in the Procedure Summary. An insurance carrier should not use the absence of a particular therapy from the Treatment Planning section as a basis to deny care. Generally, when people think of "treatment guidelines", this is what comes to mind, and therefore it is provided first as an ideal

case plan. However, it is important to note that the most important section of ODG Treatment is the Procedure Summary. Most users will spend little or no time reviewing the Treatment Planning section, that is the way it should be. ODG is not “cookbook” medicine, and therefore the Treatment Planning section carries no weight as a basis for UR.

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), and imaging studies have suggestive cause for symptoms but are inconclusive;
- (4) To help to identify the origin of pain in patients who have had previous spinal surgery.

Radiculopathy as regards the denial appears to be used in a very tight manner. The definition of radiculopathy is "disorder of the spinal nerve roots". The patient has a disorder of the spinal nerves. The request fits the guidelines.

Therefore, the denial is overturned.

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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)