

# CASEREVIEW

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Notice of Independent Review Decision

**[Date notice sent to all parties]:** August 1, 2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral C5/6, C6/7 Selective Nerve Root Injection with IV Sedation

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

This physician is a Board Certified Physical Medicine and Rehabilitation physician with over 18 years of experience.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who was injured on xx/xx/xx when she fell. She ended up falling and trying to catch herself on the left side. Initial treatment included chiropractic treatments, taking Flexeril and pain medication which did not help much. It was also noted she was given steroids which gave her thrush and did not help her pain. She does have a history of degenerative disc disease in her cervical spine but had never had any surgeries or injections.

On December 18, 2012, MRI Cervical Spine, Impression: Discogenic and posterior element changes, worst at the C5-6 and C6-7 levels.

On April 25, 2014, the claimant presented with neck pain and arm pain located on the left side. She reported her neck pain was dull to sharp and aching. She also reported some occipital pain and that the pain was sometimes more prominent on the right shoulder area and sometimes more prominent on the left. She denied

any arm pain , numbness, weakness, tingling or balance issues. On physical examination cervical spine alignment was neutral. Levator scapulae, trapezius, scalenus muscles were tender bilaterally. Occipital area was non-tender. Cervical range of motion was painful and restricted to the following: flexion was painful at 25% of normal, extension was painful at 25% of normal, rotation on the right was painful at 25% of normal, rotation on the left was painful at 25% of normal, lateral bending to the right was painful at 25% of normal, lateral bending to the left was painful at 25% of normal. Hoffman's sign was absent. Spurlings was negative on the right and negative on the left. Upper extremity strength and reflexes were symmetrically present in all upper extremity muscle groups. Light touch was normal for all cervical dermatomes. X-rays of the cervical spine showed diffuse spondylosis most significant at space collapse at C5-6 and C6-7. NO fracture or spondylolisthesis. Plan: Medrol Dosepak, Etodolac 400 mg twice a day, and continue Flexeril.

On May 13, 2014, the claimant presented with continued neck pain. Etodolac was discontinued due to her heart history. She was told to continue the Hydrocodone given by her PCP. A cervical MRI was ordered and she was referred for PT of the neck and upper extremities.

On July 3, 2014, MRI of the Cervical Spine, Impression: 1. Multilevel degenerative disc disease. There is mild thickening of the posterior longitudinal ligament from C3 to the C6-7 level. 2. Spinal canal narrowing is most significant at the C5-6 and C6-7 levels. 3. No cord signal abnormality or significant cord deformity. 4. Straightening of the normal cervical lordosis. 5. Mildly increased T2 signal intensity involving the posterior C6 and C7 vertebral bodies with extension to the pedicles on the right likely a combination of endplate degenerative type marrow signal changes and possible stress reaction.

On July 9, 2014, the claimant presented with continued neck pain that was dull to sharp and aching. On physical examination cervical spine alignment was neutral. Levator scapulae, trapezius, scalenus muscles were tender bilaterally. Occipital area was non-tender. Cervical range of motion was painful and restricted to the following: flexion was painful at 25% of normal, extension was painful at 25% of normal, rotation on the right was painful at 25% of normal, rotation on the left was painful at 25% of normal, lateral bending to the right was painful at 25% of normal, lateral bending to the left was painful at 25% of normal. Hoffman's sign was absent. Spurlings was negative on the right and negative on the left. Upper extremity strength and reflexes were symmetrically present in all upper extremity muscle groups. Light touch was normal for all cervical dermatomes. Plan: Bilateral C5/6, C6/7 SNRB.

On July 15, 2014, UR. Rationale for Denial: It was noted that previous attempts at steroid therapy caused thrush and did not improve the patient's pain. The ODG states that if after the initial block/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. Repeat injections should be based on

continued objective documented pain relief, decreased need for pain medications, and functional response. Furthermore, the request includes IV sedation. The ODG also states that there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is of particular concern in the cervical region. Routine use is not recommended except for patients with anxiety. There was no indication that the patient suffers from extreme anxiety or has a needle phobia that would warrant the use of IV sedation. Given the clinical evidence submitted for review, medical necessity of the request for bilateral C5-6 and C6-7 selective nerve root injection with IV sedation has not been established.

On July 24, 2014, UR. Rationale for Denial: The Official Disability Guidelines may recommend a selective nerve root injection as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient was noted to have neck pain radiating to the shoulder bilaterally. On physical examination, she was noted to have normal motor strength, reflexes, and sensation for all cervical dermatomes. The documented physical examination findings failed to corroborate reports of radicular pain. Therefore, it cannot be determined that a selective nerve root block is the most appropriate course of treatment for this pain presentation. Additionally, the Guidelines state that the purpose of a selective nerve root block is to reduce pain thereby facilitating progress in a more active treatment program. The Guidelines also state that the patient should be initially unresponsive to conservative treatment to include exercises. It was noted that the patient was referred for physical therapy on 5/13/14. There were no physical therapy notes submitted for review or documentation regarding the patient's treatment with physical therapy. Although it was noted that the patient has been treated with medication and chiropractic therapy, there is a lack of documented evidence to indicate that the patient has participated in an active treatment program such as home exercise or physical therapy. There is also a lack of documented evidence to indicate that the selective nerve root block will be used to facilitate progress in an active treatment program. In the absence of documentation of treatment with physical therapy and recent physical examination findings to corroborate subjective reports of radiculopathy, the medical necessity of a selective nerve root block has not been established at this time.

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

Uphold/Agree with denial of cervical selective nerve root blocks since there is no objective evidence of radiculopathy with negative Spurling's bilaterally, and normal/symmetric sensory, motor and reflexes of bilateral upper extremity. There is also a lack of information regarding recent conservative measures prior to an

invasive procedure, including medications, PT and compliance with home exercises and activity modification. The request for Bilateral C5/6, C6/7 Selective Nerve Root Injection with IV Sedation does not meet ODG criteria.

PER ODG:

**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.

**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)