

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.906.0615 (fax)
IRO Cert#5301

DATE OF REVIEW: FEBRUARY 25, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Cervical Epidural Steroid Injection C7-T1

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who reported an injury on XX/XX/XX. He was reportedly bending down, leaning against a tire of a vehicle in an awkward position at the time of injury. Neck pain was reported post injury. Treatment to date has included oral medications, physical therapy, and activity modification.

An MRI of the cervical spine was performed documenting:

1. Congenital stenosis of the central canal suspected with degenerative changes superimposed contributing to mild to moderate narrowing at C6- C7 with mild narrowing at C3-C4 and C5-C6,
2. Moderate to severe left-sided neuroforaminal narrowing at C3-C4 and C6- C7 with moderate approaching moderate to severe right-sided narrowing. At C3-C4 and C6-C7 were the most advanced levels,
3. Left paracentral disc herniation and likely extrusion at T1-T2 may impinge the ventral nerve root as it exits the cervical cord. Probable cranial subligamentous extrusion. No other disc extrusion, and
4. Degenerative disc disease most pronounced at C6-C7.

On XX/XX/XX, a C7-T1 epidural steroid injection was performed. The physical examination findings documented right-sided paravertebral tenderness to palpation, limited range of motion, a positive Spurling's sign on the right, decreased sensation to light touch

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

IRO Cert#5301

over the right upper extremity, and diminished strength of 4/5 throughout the right upper extremity in a nonfocal distribution. The diagnoses included cervical facet syndrome, radiculopathy, spinal stenosis, chronic pain syndrome, cervicgia, and spondylosis with radiculopathy. Gabapentin and Oxycodone were provided.

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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Request is for epidural steroid injections were denied on XX/XX/XX.

As noted in the Division-mandated Official Disability Guidelines, the request for the proposed cervical epidural steroid injection C7-T1 is not supported as medically necessary. The Official Disability Guidelines does not routinely recommend use of cervical epidural steroid injections as the risk often outweighs the potential benefit. Clinical radiculopathy should be documented prior to pursuing an epidural steroid injection. Clinical radiculopathy has not been clearly documented in the examination findings provided. There is insufficient evidence of substantial weakness, changes in reflex, or loss of sensation in a dermatomal distribution coinciding with the C7-T1 level. Electrodiagnostic testing has not been performed. The injured employee was noted to have had a prior epidural steroid injection on XX/XX/XX, without objective evidence of improvement to support an additional injection. Objective findings of decreased pain scores, improved function, and/or decreased medication use have not been established.

ODG Integrated Treatment/Disability Duration
Guidelines Neck and Upper Back (Acute &
Chronic)
(updated
02/15/16)

Epidural steroid injection
(ESI)

Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit.

While not recommended, cervical ESIs may be supported using Appendix D, Documenting Exceptions to the Guidelines, in which case:

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).

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

IRO Cert#5301

- (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;
- (12) Additional criteria based on evidence of risk:
 - (a) ESIs are not recommended higher than the C6-7 level;
 - (b) Cervical interlaminar ESI is not recommended; &
 - (c) Particulate steroids should not be used. (Benzon, 2015)

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES