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***An Independent Review Organization***

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***Notice of Independent Review Decision***

***Case Number:***

***Date of Notice:*** 04/25/2016

***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Anesthesiology And Pain Management

***Description of the service or services in dispute:***

Cervical epidural steroid injection

***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 patient is a male with a reported injury on XX/XX/XX. The mechanism of injury was reportedly a motor vehicle accident. His current diagnoses were noted to include cervical strain and right shoulder strain. A current medication list was not provided. His diagnostic testing has included an MRI of the cervical spine on XX/XX/XX which reported that at C2-3, there was a minor broad based posterior disc/spur complex with a more focal left posterolateral spur formation and subtle retrolisthesis of C3 relative to C4; central canal was mildly narrowed with a 10 mm AP diameter thecal sac; unciniate and facet hypertrophy creating a moderate left foraminal stenosis; the right foramen was preserved. His other therapies have included activity modification, physical therapy, and medications to include systemic steroids. The patient was evaluated on XX/XX/XX with complaints of neck pain without radiation. There were no radicular complaints of any sort. Physical examination was described as "in every way normal." The impression was a cervical strain and sprain. The clinician indicated that the patient continued to take some mild analgesics as well as muscle relaxers to help get him through the day. The patient continued to work. The patient reported a trial of a Medrol Dosepak the previous month which did result in temporary improvement in his symptoms. The clinician wondered if an epidural steroid injection might be more efficacious. The clinician indicated that the patient did not meet any Official Disability Guidelines but the fact that systemic steroid seemed to help raised the question as to whether corticosteroid injection applied to the cervical epidural space might not be even more efficacious in relieving the patient's pain. The patient was evaluated by a separate physician on XX/XX/XX. The patient reported that a Medrol Dosepak helped initially but after the meds wore off his pain came back. The patient reported that his pain was worse, but not as bad as prior to the Medrol dose pack and was located in the same spot. He continued to work regular duty. Physical examination revealed tenderness in the left paraspinal area. Flexion and bilateral rotation were painful. Neurovascular function was intact. The clinician recommended that the patient be evaluated for an epidural steroid injection. On XX/XX/XX, a preauthorization request was submitted requesting authorization for cervical epidural steroid injection at an unspecified level.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions***

***used to support the decision.***

The Official Disability Guidelines do not recommend epidural steroid injections of the cervical spine as recent evidence supports that cervical epidural steroid injections are relatively risky and the American Academy of Neurology states that epidural steroid injections do not improve function, lessen the need for surgery, or provide long term pain relief. An American Medical Association Review suggested that epidural steroid injections are not recommended at higher than the C6-7 level and no cervical interlaminar epidural steroid injection should be undertaken at any segmental level without pre procedure or review and particulate steroids should not be used in therapeutic cervical transforaminal injections. When cervical epidural steroid injections are supported by documented exceptions to the guidelines, criteria are provided by the Official Disability Guidelines for the use of epidural steroid injections. The provided documentation does not meet these criteria as the documentation did not include exceptions to the guidelines and there was no evidence of radiculopathy documented by physical examination as well as corroborated by imaging studies and/or electrodiagnostic testing. The request was incomplete as it did not clarify which level of the cervical spine would be injected and the criteria set forth by the Official Disability Guidelines state that epidural steroid injections are not recommended higher than the C6-7 level. Based on the MRI report, the request would be for the C2-3 level which would not be supported as the MRI reported only a small disc bulge at C2-C3 without nerve contact. After review of the above information, the requested cervical epidural steroid injection is not medically necessary and the prior adverse determination should be upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)