



**MEDICAL EVALUATORS
OF TEXAS ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: January 27, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical epidural steroid injection at C5-C6 with IV sedation and under fluoroscopy, #62310, #77003, #01992

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

This case was reviewed by a physician who holds a board certification in Anesthesiology with sub-certification in Pain Medicine. The reviewer is currently licensed and practicing in the state of Texas.

REVIEW OUTCOME

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

- Partially Overturned Overturned - Cervical epidural steroid injection at C5-6 under fluoroscopy with CPT 62310 and 77003
- Upheld - IV Sedation CPT 01992

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on XX/XX/XX while working. The claimant was winding/turning a landing gear when she lost control of the handle and struck her forehead with the handle. She reported complaints of headaches, dizziness, and neck pain radiating into the right shoulder, arm, and hand. The claimant has been treated with physical therapy and medications including Vimovo, Neurontin, Topamax, Novafen, and Hydrocodone.

The claimant had MRI of the cervical spine on XX/XX/XX at XX that showed, "Straightening of the normal lordosis, nonspecific, but under the clinical setting of neck pain, can be related to muscle spasm. Right posterior paracentral/posterolateral disc herniation and annular tear at C5-6 with associated impingement of the right ventral cord but without definite cord signal abnormality. Minimal less than 1 mm annular bulges at C4-5 and C6-7 without canal stenosis, cord compression or cord signal abnormality. Disc dehydration at C5-6."

An initial pain evaluation indicates the claimant complained of chronic perisstnet neck pain radiating to her right shoulder, arm, and hand into the fourth and fifth digits of her right hand with associated numbness, weakness, tingling and headaches. On examination of the neck, it was supple with decreased left and right rotation at 40 to 50 degrees respectively. There was moderate mid cervical interspinous tenderness and grossly



**MEDICAL EVALUATORS
OF TEXAS** ASO, LLC.

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

swollen right trapezius, interscapular regions with trigger points. Spurling test was positive with slight flexion of the cervical spine at 50 degrees. There was decreased sensation to pinprick at C5 distribution on the right. DTRs were mildly hyporeflexic in the right upper extremity as compared to the left upper extremity. The claimant was diagnosed with chronic neck pain syndrome with cervical disk herniation C5-6 and right cervical radiculopathy following work injury, chronic neuropathic pain with myofascial pain of the cervical upper thoracic region secondary to #1, and cervicogenic headache. XX recommended cervical blockade under IV sedation at C5-6.

Follow up note indicates the claimant continues with severe neck, right shoulder, arm, and hand pain associated with daily headaches, occipital frontal headaches, decreased neck range of motion, numbness and tingling into her fourth and fifth digits of her right hand consistent with a C5-6 radiculopathy. XX noted that cervical epidural blockade should go along way in hastening the claimant's recovery.

A final adverse determination letter indicates that the request for cervical epidural steroid at C5-6 with IV sedation and under fluoroscopy is denied. It was noted that this request is not supported by the Official Disability Guidelines Work Loss Date Institute (20th annual edition), 2015. Neck and Upper Back Chapter: Epidural steroid injection (ESI). The guideline notes that based on recent evidence, it is against cervical epidural steroid injections due potential benefit outweighed by the serious risks of injury. While the guideline does provide indication of an exception, in this case, without specific neurologic deficit findings on examination and corroboration from imaging, even as an exception, the submitted documentation does not support this request. There is no indication for the need for sedation, as well, which is usually for anxiety or needle phobia or both. However, medical necessity is not established.

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

This claimant is a female who was injured on XX/XX/XX and a progress note indicated that she continues to have neck pain and numbness involving the right arm and right 4th and 5th digits. On physical examination, there is decreased sensation along the right C5 dermatome with decreased reflexes on the right. There is positive Spurling's test on the right side. The MRI of the cervical spine performed on XX/XX/XX showed a right deviated disc herniation at C5-6 with impingement. The claimant has been diagnosed with right arm radiculopathy secondary to a C5-6 disc herniation. The claimant has tried and failed conservative treatment to date including medications and physical therapy and continues to have ongoing radicular symptoms. The proposed cervical epidural steroid injection (ESI) at C5-6 is supported by her subjective and objective findings in this claimant.

According to ODG, cervical epidural steroid injection is 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. However, as stated in ODG, the use of cervical epidural injection is not totally prohibitive. A systemic review study of cervical



MEDICAL EVALUATORS OF TEXAS ASO, LLC.

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

radiculopathy stated that cervical epidural injection could be used under the circumstances. “While invasive, epidural steroid injection (cervical ESI) falls in the realm of non-operative therapy. Five studies were identified that studied the efficacy of epidural injection. All five showed that ESI improved symptoms; however, none of the studies used validated outcome measures to assess long-term benefit” [reference #3]. Another recent reviews on cervical epidural steroid injections reached the same conclusion [reference #1, #2].

However, the requested cervical ESI procedure is with IV sedation and according to ODG, it should only be given in cases of extreme anxiety. The submitted medical records do not document that the claimant has anxiety to needles or there is no documentation of any extenuating circumstances that requires IV sedation.

Therefore, based on the ODG recommendations and criteria as well as the clinical documentation stated above, the request for cervical epidural steroid at C5-6 with fluoroscopy (CPT 62310 and 77003) is medically necessary and appropriate. However, medical necessity has not been established for the requested procedure with IV sedation (CPT 01992).

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Neck and Upper Back (Acute & Chronic) – Online Version

Epidural steroid injection (ESI)

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).
- (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.



**MEDICAL EVALUATORS
OF TEXAS ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

- (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)

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.

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

- 1. Cervical Transforaminal Epidural Steroid Injections: Diagnostic and Therapeutic Value. Costandi SJ1, Azer G, Eshraghi Y, Zeyed Y, Atalla JE, Looka ME, Mekhail NA. Reg Anesth Pain Med. 2015 Nov-Dec;40(6):674-80.
- 2. Epidural steroids: a comprehensive, evidence-based review. Cohen SP1, Bicket MC, Jamison D, Wilkinson I, Rathmell JP. Reg Anesth Pain Med. 2013 May-Jun;38(3):175-200.
- 3. Cervical Radiculopathy: A Review. John M. Caridi, MD, Matthias Pumberger, MD, and Alexander P. Hughes, MD. Published online 2011 Sep 9. HSS J. 2011 Oct; 7(3): 265–272.



**MEDICAL EVALUATORS
OF T E X A S ASO,LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.