

MEDRx

3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

DATE OF REVIEW: 1/10/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a C6-7 interlaminar epidural steroid injection.

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

The reviewer is a Medical Doctor who is board certified in Anesthesiology.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a C6-7 interlaminar epidural steroid injection.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is an individual who was injured on XX/XX/XX. The clinical progress notes dated XX/XX/XX indicated that the injured worker presents with complaints of that and right upper extremity pain. The original mechanism of injury is described as a trip and fall. Pain is rated 8/10 and described as constant, deep and stabbing. The injured worker previously completed four physical therapy sessions which were reported to have worsened the pain. Associated symptoms include sensory dysfunction in the right upper extremity. The physical examination reveals normal motor strength in both upper extremities with diminished reflexes of the right deltoid and triceps. Normal sensation is noted in both upper extremities.

Evaluation of the cervical spine reveals tenderness to palpation at the C6-7 level. Spurling's maneuver was positive to the right. The included radiology report indicates mild diffuse disc bulge at C6-7 resulting in mild left neuroforaminal narrowing without central canal stenosis. No significant right-sided stenosis is noted at this level.

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

ODG recommends against the use of cervical epidural steroid injections noting recent literature. The recent literature indicates a lack of substantial lasting benefits and a multitude of potential complications with this procedure including, but not limited to, quadriparesis and spinal cord infarction. Based on the clinical documentation provided, the injured worker has complaints of neck pain with right upper extremity radiculopathy. The physical examination is consistent with right upper extremity radiculopathy when noting the positive Spurling's maneuver. However, the included MRI does not demonstrate significant right-sided foraminal stenosis at the level of C6-7. Given the clear recommendation of the ODG and the lack of significant neural impingement at the requested injection level on the right, and the clear recommendation of ODG this request is not medically necessary.

ODG Cervical ESI:

Not recommended based on recent evidence, given the serious risk of this procedure and the cervical region, and the lack of quality evidence for sustained benefit. These have been recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain. (Peloso-Cochrane, 2006) (Peloso, 2005) Other reviews have reported moderate short-term and long-term evidence of success in managing cervical radiculopathy with intralaminar ESIs. (stav, 1993) (Castagnera, 1994) Some had also reported moderate evidence of management of cervical nerve root pain using a transforaminal approach. (Bush, 1996) (Cytevat, 2004) A previous retrospective review of interlaminar or cervical EES found that approximately 2/3 of patients with symptomatic cervical radiculopathy from disc herniation were able to avoid surgery for up to one year with treatment. Success rate was improved with the earlier injection less than 100 days from diagnosis. (Lin, 2006) There have been case reports of cerebellar infarct and brainstem herniation as well as spinal cord infarction after cervical transforaminal injection. (Beckman, 2006) (Ludwig, 2005)

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)