MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
2211 West 34th St. ● Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: August 22, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Denial of Outpatient Cervical Epidural Steroid Injection C7-T1 (62321)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This case was reviewed by a board-certified Physical Medicine and Rehabilitation who 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:

☒ Upheld

EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The claimant is a XXXX who sustained a work related injury to the neck. The mechanism of injury is not documented. The claimant has been previously treated with conservative care including medications and physical therapy. On XXXX, the claimant had cervical epidural steroid injection at C7-T1 level with fluoroscopy performed by XXXX. Response to the cervical ESI is not documented. On XXXX, the claimant underwent anterior cervical decompression at C5-C6 with cervical disk arthroplasty using XX product performed by XXXX, MD. The MRI of the cervical spine dated XXXX revealed limited evaluation of the C5-C6 level secondary to extensive metallic susceptibility artifact, probable mild spinal canal stenosis at C6-C7, and multilevel mild neural foraminal stenosis. At C7-T1, there was bilateral facet degeneration without significant stenosis. The EMG/NCS of upper extremities dated XXXX revealed essentially normal study. There were no electrodiagnostic findings of left and right cervical radiculopathy, left and right ulnar neuropathy, and left and right median neuropathy at the wrist (carpal tunnel syndrome).

The most recent progress note dated XXXX by XXXX revealed the claimant reported neck pain, worse with certain movements and standing or sitting too long. The current medications for pain included XXXX without side effects. The pain was rated as 7.5/10 with medications and 9/10 without medications. The pain was described as stabbing radiating into the arms. On physical exam of the cervical spine, there was positive, restricted range of motion bilaterally with rotation and lateral bending; positive, trigger points noted with reproduction of referred pain pattern, bilaterally (left greater than right); palpable myospasm noted; positive Spurling's maneuver, bilaterally. Neurological exam showed cranial nerves II-XII within normal limits, no asymmetry noted. Gait was normal with reciprocal arm swinging. Coordination was within normal limits. Motor strength was 5/5 bilaterally in all myotomes tested. Sensory was intact to pinprick and light touch in all dermatomes tested. Reflexes were 2+ bilaterally, equal and symmetric, negative upper motor neuron or long tract signs; and negative Hoffman's. The claimant was diagnosed

with cervical disc displacement and cervical radiculopathy. The claimant was recommended fluoroscopically guided cervical epidural steroid injection at C7-T1.

Prior UR dated XXXX denied the request for coverage of Outpatient Cervical Epidural Steroid Injection C7-T1 (62321) because "there was no evidence of radiculopathy at the requested level on physical examination."

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

The claimant is a XXXX who sustained work related injury to the neck and was diagnosed with cervical disc displacement and cervical radiculopathy. The request is for coverage of Outpatient Cervical Epidural Steroid Injection C7-T1 (62321).

The Official Disability Guidelines indicates that cervical epidural steroid injection are 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: the criteria for the use of Epidural steroid injections include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

In this case, the medical records submitted documented electrodiagnostic testing was negative for cervical radiculopathy. Additionally, the physical findings documented on progress note dated XXXX revealed the claimant had motor strength of 5/5 bilaterally in all myotomes tested. Sensory was intact to pinprick and light touch in all dermatomes tested. Reflexes were 2+ bilaterally, equal and symmetric. There was negative upper motor neuron or long tract signs and negative Hoffman's test. This claimant has no physical exam findings or electrodiagnostic findings of radiculopathy. Furthermore, the claimant was previously treated with cervical ESI in XXXX but the response to the prior ESI is not documented. As such, the request of a cervical epidural steroid injection is not supported and not consistent with the ODG Treatment guidelines.

Therefore, based on the ODG and the clinical documentation stated above, the request for coverage of Outpatient Cervical Epidural Steroid Injection C7-T1 (62321) is not medically necessary and appropriate.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES – Online Version Neck and Upper Back - (updated 7/6/2018) Epidural steroid injection (ESI)

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

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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) No more than two nerve root levels should be injected using transforaminal blocks.
(5) No more than one interlaminar level should be injected at one session.
(6) 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.
(7) Repeat injections should be based on continued objective documented pain and function response.
(8) 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.
(9) 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.
(10) Cervical and lumbar epidural steroid injection should not be performed on the same day;
(11) Additional criteria based on evidence of risk:
    (i) ESIs are not recommended higher than the C6-7 level;
    (ii) Cervical transforaminal ESI is not recommended;
    (iii) Particulate steroids should not be used. (Benzon, 2015)
(12) Excessive sedation should be avoided.

Criteria for the use of Epidural steroid injections, diagnostic:
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.
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."

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Appeal Information
You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.