Becket Systems
An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:
Left C5-C6 transforaminal epidural steroid injection with epidurography between XX and XX.

64483 - Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
72275.26 - Epidurography, radiological supervision and interpretation

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified Physical Medicine and Rehabilitation

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

- ☐ Overturned (Disagree)
- ☑ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)
XX is a XX who was diagnosed with cervical radiculopathy (M54.12). On XX, XX sustained an injury at work while XX XX XX overhead and felt a severe pain in the left side of XX neck into the shoulder.

XX was evaluated by XX, MD on XX for the complaints of left-sided neck and arm pain. Per the note, XX had developed pain radiating down to the left arm. XX had been taking anti-inflammatory XX, which helped a little bit. XX was XX and had no symptoms on the right side. XX also complained of some mid-back parascapular numbness on the left side. XX had been doing moderately better with seven visits of physical therapy, but XX condition had later aggravated. The examination revealed tenderness to palpation of the levator scapulae, trapezius and scalene muscles on the left side; normal but painful range of motion of the cervical spine in all directions; positive Spurling's test on the left side; and 4/5 muscle strength of the biceps muscle on the left side and the left wrist. The diagnoses included left-sided cervical radicular syndrome, cervical radiculopathy and other cervical disc degeneration at the C4-C5 level. XX opined that XX mechanism of injury was a consistent mechanism for causing potential cervical disc injury in an otherwise healthy appearing cervical spine with no prior history of neck pain. XX was past to the point of a typical healing of a standard cervical sprain or strain. XX was instructed to attempt to return to work with some basic restrictions of five-minute breaks once an hour as needed. No physical active duty at the time was recommended with regard to XX XX XX.

An MRI of the cervical spine dated XX showed a 2.4-mm left paracentral disc protrusion in the C5-C6 disc, which contained a fissure in the annulus. The disc protrusion projected into the left neural foramen, producing the left neural foraminal stenosis. It was noted this might compress the left C6 nerve root. Straightening of the cervical curvature suggested muscle strain and spasm. An MRI of

the thoracic spine dated XX revealed 1.6-mm central disc protrusions in the T6-T7 and T7-T8 discs. No spinal cord compression or cord edema was present.

The treatment to date consisted of medications (XX, XX ,XX), seven visits of physical therapy, and work restrictions.

Per a Utilization Review Decision Letter and a peer review dated XX, XX, MD, denied the request for left C5-C6 transforaminal epidural XX injection with epidurography between XX and Xx. Rationale: "Per the evidence-based guidelines, 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. This treatment had been recommended as an option for treatment of radicular pain. The patient was recommended C5-C6 epidural XX injection with a catheter via an interlaminar needle placement at C7-Tl. However, the guidelines indicated that epidural steroid injections are not recommended higher than the C6-C7 level and that injecting a particulate steroid in the cervical region increases the risk for sometimes serious and irreversible neurological adverse events. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The guidelines indicated that epidural steroid injections are not recommended higher than the C6-7 level and that injecting a particulate steroid in the cervical region increases the risk for sometimes serious and irreversible neurological adverse events. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes."

A Reconsideration Review Determination Letter dated XX, and a peer review of the same date by XX, MD indicated, the requested medical treatment did not meet the established criteria for medical necessity and therefore the original determination was upheld. Rationale: "Per the evidence-based guidelines, 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. This treatment had been recommended as an option for treatment of radicular pain. In this case, the patient had neck pain complaint, which had developed radicular pain down to the left arm. A request for C5-C6 epidural steroid injection with a catheter via an interlaminar needle placement at C7-Tl was made. However, the guidelines indicated that epidural steroid injections are not recommended higher than the C6-C7 level and that injecting a particulate steroid in the cervical region increases the risk for sometimes serious and irreversible neurological adverse events. There was also no clear evidence that the patient had already exhausted and failed all necessary conservative treatments." Therefore, the medical necessity was not established in accordance with the current evidence-based guidelines.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The provider s requesting a left C5-C6 transforaminal epidural steroid injection with epidurography between XX and XX. However, this was previously denied twice given a lack of support in clinical medicine and the literature regarding this type of approach and the risk in the cervical spine. The ODG guidelines indicated that epidural steroid injections are not recommended higher than the C6-C7 level and that injecting a particulate steroid in the cervical region increases the risk for sometimes serious and irreversible neurological adverse events. There was also no clear evidence that the patient had already exhausted and failed all necessary conservative treatments." Therefore, the medical necessity was not established in accordance with the current evidence-based guidelines.

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
- ☐ AHRQ-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

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☑ 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)

Surg Neurol Int. 2018; 9: 86.

Published online 2018 Apr 23. doi: 10.4103/sni.sni_85_18 PMCID: PMC5926212

PMID: 29740507

1. Major risks and complications of cervical epidural steroid injections: An updated review

Nancy E. Epstein[1,2,]
Cervical epidural injecions (e.g., CESI, ICESI, and TF-CESI) which are not FDA approved, provide no long-term benefit, and are being performed for minimal to no indications. They contribute to significant morbidity and mortality, including; epidural hematomas, infection, inadvertent intramedullary cord injections or cord, brain stem, and cerebellar strokes.

Surg Neurol Int. 2013 Mar 22;4(Suppl 2):S74-93. doi: 10.4103/2152-7806.109446. Print 2013.

2. The risks of epidural and transforaminal steroid injections in the Spine: Commentary and a comprehensive review of the literature.

Although the benefits for epidural steroid injections may include transient pain relief for those with/without surgical disease, the multitude of risks attributed to these injections outweighs the benefits.

☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

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:

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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.