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Date notice sent to all parties: 06/04/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Cervical epidural steroid injection (ESI) at C6-C7

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Orthopedic Surgery
Diplomate of the American Board of Orthopedic Surgery
Fellow of the American Board of Orthopedic Surgeons
Fellow of the American Association of Orthopedic Surgeons

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

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Cervical ESI at C6-C7 – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:
XXXX performed an IR evaluation on XXXX. XXXX had headaches with intermittent blurring of XXXX vision, nausea, and dizziness. A cervical MRI dated XXXX was reviewed. ESIs had been recommended, but denied by the carrier. XXXX had a previous work injury to the neck and low back in XXXX and received surgery and continued treatment since that time. After exam, it was noted a brain MRI dated XXXX was unremarkable for traumatic pathology and an MRI of the cervical spine was unremarkable for any traumatic pathology. It was felt to show multilevel degenerative disc and joint disease. It was felt XXXX neurological exam was entirely non-physiological. XXXX was placed at MMI on XXXX with a 5% whole person impairment rating. XXXX evaluated the patient on XXXX with a re-opened case for a head and neck injury. XXXX had cervical and right shoulder/arm pain. XXXX had continued pain since placement at MMI. XXXX had right sided cervical tenderness at C5-C6. XXXX was referred to pain management. XXXX examined the patient on XXXX. XXXX history was reviewed and it was noted on XXXX and XXXX on XXXX knees, jerking XXXX neck and aggravating XXXX neck condition. XXXX had neck pain that radiated to the upper extremities that was worse on the right with numbness and tingling. XXXX had cervical tenderness and at the medial border of the right scapula. Strength was 4/5 in the shoulder and 4+-5/5 in the distal right upper extremity. Sensation was decreased in the right upper extremity in a non-dermatomal pattern. DTRs were 2+ and

the impressions ere cervical disc disorder, right cervical radiculopathy, cervical myofascial pain syndrome, history of cervical fusion, and cervicogenic headache. An EMG/NCV study was recommended, as well as trigger point injections and myofascial release. On XXXX, a preauthorization request was submitted for the EMG/NCV study, which was obtained on XXXX by XXXX. There was electrophysiological evidence of right sensorimotor median neuropathy at the wrist consistent with the diagnosis of mild to moderate CTS, as well as findings to suggest right C8 and probable T1 radiculopathy. XXXX followed-up with the patient on XXXX and reviewed the EMG/NCV study. XXXX had limited neck range of motion and strength at 4.5/5 at C5-C6 with numbness in the same dermatome. However, there was no blatant sensory loss. A C6-C7 ESI was recommended at that time. On XXXX, a preauthorization request was submitted for a cervical ESI at C6-C7. On XXXX and XXXX, XX provided letters of non-authorization for the requested cervical ESI at C6-C7.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The patient is a XXXX who reportedly sustained a work-related injury on XXXX. The mechanism of injury was XXXX, XXXX head on a XXXX. XXXX past medical history was significant for prior work-related injuries to XXXX neck and lumbar spine, which resulted in subsequent surgeries at both levels and decades long care from a pain management physician. The patient was subsequently placed at MMI as of XXXX. The patient then once again sought active treatment from XXXX, who eventually referred him to pain management physician XXXX. XXXX subsequent evaluation of the patient included electrodiagnostic testing, which was reported to be consistent with right carpal tunnel syndrome and a right C8-T1 radiculopathy. XXXX has subsequently requested the cervical ESI at C6-C7. The request was non-certified by XXXX on initial review on XXXX. XXXX non-certification was upheld on reconsideration/appeal by XXXX Both reviewers cited the Official Disability Guidelines (ODG) as the basis of their opinion.

The ODG dos not recommend ESIs, based on recent evidence, given the serious risk of this procedure in the cervical region and the lack of quality evidence for sustained benefit. This treatment has been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with specific criteria for use below. These criteria include the following: While not recommended, cervical epidural steroid injections may be supported in the particular indications: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercise, physical methods, non-steroidals, and muscle relaxants). 3) Injections should be performed using fluoroscopy 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 four blocks per region per year. 7) Repeat injections should be based on continued objective documented pain and functional response. 8) Current research does not support a series of three injections in either the diagnostic or therapeutic phase. We recommend no more than two ESIs. 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 these may lead to improper diagnosis or unnecessary treatment. 10) Cervical and lumbar ESIs shoulder not be performed on the same day. 11) Additional criteria, based on evidence of risk: A) ESI are not recommended higher than C6-C7 level. B) Cervical transforaminal ESI is not recommended. C) Particular steroids should not be used (Benzon 2015). 12) Excessive sedation should be avoided.

In addition, more recent evidence has recommended that ESI should not be recommended in the cervical region, the FDA Anesthetic and Analgesic Drug Products Advisory Committee concluded. Injecting a particular steroid in the cervical region, especially using a transforaminal approach, increases the risk for sometimes serious and irreversible neurological adverse events, including stroke, paraplegia, spinal cord

infarction, and even death. The FDA has never approved an injectable corticosteroid product administered via epidural injection, so this use, although common, is considered off-label. Injections into the cervical region, as opposed to the lumbar area, are relatively risky due to the narrow epidural space, and the risk for accidental injury in the arterial system is greater in this location (FDA 2015). An American Medical Association review suggests that ESIs are not recommended higher than the C6-C7 level, no cervical interlaminar ESI should be undertaken at any segmental level without pre-procedure review and particular steroids should not be used in therapeutic cervical transforaminal injections (Benzon 2015). According to the American Academy of Neurology, ESIs do not improve function, lessen need for surgery, or provide long-term pain relief and the routine use of ESI is not recommended. They further said that, in particular, there is a paucity of evidence for the use of ESIs to treat radicular cervical pain (The American Academy of Neurology 2015). In this comparative-effectiveness study, no significant differences were found between ESI and conservative treatments (Cohen 2014). It should be noted the patient has chronic complaints and the medical documentation reviewed does not demonstrate a significant change in XXXX neurological status. There does not appear to be a correlation between the symptoms, the objective physical findings, and the electrodiagnostic studies. Therefore, the requested cervical ESI at C6-C7 is not medically necessary, reasonably related, or supported by the evidence-based ODG and the previous adverse determinations should be upheld at this time.

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**

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

X 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)**

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

The American Academy of Neurology 2015