

BSC_NIA_CG_300 Epidural Spine Injections

Original Policy Date: January 1, 2017 Effective Date: January 1, 2022

Section: 2.0 Medicine Page: Page 1 of 12

Policy Statement**Indications:****Epidural Injections or Selective Nerve Blocks (caudal, interlaminar, and transforaminal)***(Injection of local anesthetics with corticosteroids)*

- Pain causing functional disability or average pain levels of ≥ 6 on a scale of 0 – 10 (Manchikanti, 2013; NASS, 2013, 2012; Summers, 2013); **AND**
 - Diagnostic transforaminal injection to identify the pain generator for surgical planning (Manchikanti, 2013); **OR**
 - Conservative therapy
 - Acute pain or exacerbation of chronic radicular pain with the following clinical timeframes:
 - Neck or back pain with acute radicular pain (Summers, 2013):
 - After 2 weeks or more of acute radicular pain that has failed to respond or poorly responded to conservative management unless the medical reason this conservative treatment cannot be done is clearly documented, (active components not required) (Manchikanti, 2013; Summers, 2013); **OR**
 - Failed back surgery syndrome or epidural fibrosis causing radicular pain (Manchikanti, 2013):
 - Typically, not done immediately post-surgery. Documentation requires a medical reason that clearly indicates why an injection is needed (Manchikanti, 2013).
 - Patient must engage in some form of other active conservative treatment* for a minimum of 6 weeks in the last 6 months; **OR** details of engagement in other forms of active conservative non-operative treatment, if the patient had any prior spinal injections prior to epidural injections, unless the medical reason this conservative treatment cannot be done is clearly documented (Manchikanti, 2013; Summers, 2013); **OR**
 - Spinal stenosis (foraminal, central or disc disease) causing axial or radicular pain (Lee, 2009; Manchikanti, 2013):
 - Patient must engage in some form of other active conservative treatment* for a minimum of 6 weeks in the last 6 months; **OR** details of engagement in other forms of active conservative non-operative treatment, if the patient had any prior spinal injections prior to epidural injections, unless the medical reason this conservative treatment cannot be done is clearly documented; (Manchikanti, 2013; Summers, 2013);

Frequency of Repeat Therapeutic Injections

Epidural injections may be repeated only as medically necessary. **Each** epidural injection requires an authorization, and the following criteria must be met for repeat injections:

- Documented proof that the prior injection had a positive response by significantly decreasing the patient's pain (at least 30% reduction in pain after initial injections **or** significant documented functional improvement) (NASS, 2013). Or a second injection may be performed at a different spinal level or with a different epidural technique, if there is documentation of a question about the pain generator or there is evidence of multilevel pathology (ODG, 2017); **AND**
- No more than 3 procedures in a 12-week period of time per region, with at least 14 days between injections in the initial phase. At least 50% or more pain relief obtained for a minimum of 2 months after initial injections (Manchikanti, 2013); **AND**

- The patient continues to have documented functional disability or pain level ≥ 6 on a scale of 0 to 10 (Manchikanti, 2013; NASS, 2013; Summers, 2013); **AND**
- The patient is actively engaged in other forms of active conservative non-operative treatment, unless pain prevents the patient from participating in conservative therapy* (Qassem, 2017; Summers, 2013); **AND**
- In the first year of treatment, which may include an initial series of 3 injections in the initial therapeutic phase and additional injections in the maintenance phase, a total of 6 epidural injections, per region, may be performed (Manchikanti, 2013).
- Repeat injections after the initial therapeutic phase should be done at intervals of at least 2 months, provided that previous injections resulted in at least 50% relief or functional improvement for at least 2 months and are limited to a maximum total of 4 therapeutic procedures per region per 12 months (Manchikanti, 2013; NASS, 2013). If special circumstances are documented (e.g., elderly patient with severe spinal stenosis and not an operative candidate) then repeat injections are limited to a maximum of 6 procedures in 12 months (NASS, 2013).
NOTE: Each epidural injection requires an authorization.
- If the neural blockade is applied for different regions, injections may be administered at intervals of no sooner than 7 days for most types of procedures (Manchikanti, 2013).
- Injecting multiple regions or performing multiple procedures during the same visit may be deemed medically **unnecessary** unless documentation is provided outlining an unusual situation (ODG, 2017).
- No more than 2 levels of transforaminal blocks should be done in one day (Singh, 2017).
- An intraspinal injection* of opioid or other substance for the purpose of completing a trial for an implantable infusion pump is approvable using NIA_CG_310.
NOTE: See Description section

Exclusions:

These requests are excluded from consideration under this guideline:

- Implantation of intrathecal catheters or ports for chemotherapy
- Intrathecal injections for muscular dystrophy
- Post-operative pain control

Contraindications for Epidural Injections:

- Bleeding diathesis and full anticoagulation (risk of epidural hematoma)
- Severe spinal stenosis resulting in intraspinal obstruction
- Local infection at injection site
- Predominantly psychogenic pain
- Sepsis
- Hypovolemia
- Uncontrolled diabetes
- Uncontrolled glaucoma
- High concentrations of local anesthetics in patients with multiple sclerosis
- For diagnosis or treatment of facet mediated pain
- Known or suspected allergic reaction to steroid medications **OR**
- Spinal infection

NOTE: Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

Policy Guidelines

***Conservative Therapy:** (Spine) should include a multimodality approach consisting of a combination of active and inactive components. Inactive components, such as rest, ice, heat,

modified activities, medical devices, acupuncture or stimulators, medications, injections (including trigger point), and diathermy can be utilized. Active modalities consist of physical therapy, a physician supervised home exercise program**, or chiropractic care (Qassem, 2017; Summers, 2013).

****Home Exercise Program** - (HEP) – the following **two elements are required** to meet guidelines for completion of conservative therapy:

- Documentation provided of an exercise prescription/plan (Qassem, 2017; Sculco, 2001); **AND**
- Follow up with member with documentation provided regarding completion of HEP, (after suitable 6-week period) or inability to complete HEP due to physical reason- i.e., increased pain, inability to physically perform exercises. (Closure of medical offices, closure of therapy offices, patient inconvenience or noncompliance without explanation does not constitute "inability to complete" HEP) (Qassem, 2017; Summers, 2013).

Terminology - Interlaminar Epidural; Selective Nerve Root Injection (transforaminal only); Transforaminal Injection; Injections of Spinal Canal

Key Primary CPT Codes:

Cervical Thoracic Region

- 62320, 62321, 64479 (+64480)

Lumbar Sacral Region

- 62322, 62323, 64483 (+64484)

Description

Therapeutic Spinal Epidural Injections or Select Nerve Root Blocks (Transforaminal) are types of interventional pain management procedures. The therapeutic use of epidural injections is for short-term pain relief associated with acute back pain or exacerbation of chronic back pain. With therapeutic injections a corticosteroid is injected close to the target area with the goal of pain reduction. Epidural injections should be used in combination with other active conservative treatment* modalities and not as stand alone treatment for long-term back pain relief. There are different approaches used when administering spinal epidural injections:

- **Interlaminar** epidural injections, with steroids, access the epidural space between two vertebrae (Interlaminar) to treat cervical, lumbar or thoracic pain with radicular pain. These procedures should be performed using fluoroscopic guidance (AHRQ, 2013). Interlaminar epidural injections are the most common type of epidural injection.
- **Transforaminal** epidural injections (also called selective nerve root blocks) access the epidural space via the intervertebral foramen where the spinal nerves exit (cervical, lumbar/sacral or thoracic region). It is used both diagnostically and therapeutically. Some studies report lack of evidence and risks of transforaminal epidural injections. These procedures are always aided with fluoroscopic guidance (AHRQ, 2013).
- **Caudal** epidural injections, with steroids, are used to treat back and lower extremity pain, accessing the epidural space through the sacral hiatus, providing access to the lower nerve roots of the spine. These procedures should be performed using fluoroscopic guidance (AHRQ, 2013). Failed back surgery syndrome is the most common reason for the caudal approach.
- **Intraspinal Drug Trial** in anticipation of implanted infusion pump for spinal drug administration.

NOTE: There is a separate Clinical Guideline for Implanted Infusion Pumps, see: NIA_CG_310. Because the CPT code for the intraspinal drug trial is the same CPT Code as other intraspinal injections covered by this clinical guideline, this guideline is used for the intraspinal drug trial. It is advised that the Clinical Guideline for Implanted Infusion Pumps be consulted prior to

performing the intraspinal drug trial. If the patient is unlikely to meet the other requirements for an implanted infusion pump, an intraspinal drug trial should not be done.

Related Policies

- N/A

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status

- N/A

Rationale

The rationale for the use of spinal epidural injections is that the sources of spinal pain, e.g., discs and joints, are accessible and amendable to neural blockade.

Medical necessity management for epidural injections includes an initial evaluation including history and physical examination and a psychosocial and functional assessment. The following must be determined: nature of the suspected organic problem; non-responsiveness to active conservative treatment*; level of pain and functional disability; conditions which may be contraindications to epidural injections; and responsiveness to prior interventions.

Interventional pain management specialists do not agree on how to diagnose and manage spinal pain; there is a lack of consensus with regards to the type and frequency of spinal interventional techniques for treatment of spinal pain. The American Society of Interventional Pain Physicians (ASIPP) guidelines and International Spine Intervention Society (SIS) guidelines provide an algorithmic approach which provides a step-by-step procedure for managing chronic spinal pain based upon evidence-based guidelines. It is based on the structural basis of spinal pain and incorporates acceptable evidence of diagnostic and therapeutic interventional techniques available in managing chronic spinal pain.

The guidelines and algorithmic approach referred to above include the evaluation of evidence for diagnostic and therapeutic procedures in managing chronic spinal pain and recommendations for managing spinal pain. The Indications and Contraindications presented within this document are based on the guidelines and algorithmic approach. Prior to performing this procedure, shared decision-making between patient and physician must occur, and patient must understand the procedure and its potential risks and results (moderate short-term benefits, and lack of long-term benefits).

Additional Information

Hip-spine syndrome - Hip-spine syndrome is a condition that includes both debilitating hip osteoarthritis and low back pain. Abnormal spinal sagittal alignment and difficulty in maintaining proper balance, as well as a wobbling gait, may be caused by severe osteoarthritis of the hip joint. Epidural injections are used to determine a primary pain generator in this condition.

Spondylolisthesis and nerve root irritation - Degenerative lumbar spondylolisthesis is the displacement of a vertebra in the lower part of the spine; one lumbar vertebra slips forward on another with an intact neural arch and begins to press on nerves. The most common cause, in adults, is degenerative disease although it may also result from bone diseases and fractures. Degenerative spondylolisthesis is not always symptomatic. Epidural injections may be used to determine a previously undocumented nerve root irritation as a result of spondylolisthesis.

Lumbar spinal stenosis with radiculitis - Spinal stenosis is narrowing of the spinal column or of the neural foramina where spinal nerves leave the spinal column, causing pressure on the spinal cord. The most common cause is degenerative changes in the lumbar spine. Neurogenic claudication is the most common symptom, referring to "leg symptoms encompassing the buttock, groin and anterior thigh, as well as radiation down the posterior part of the leg to the feet." In addition to pain, leg symptoms can include fatigue, heaviness, weakness or paresthesia. Some patients may also suffer from accompanying back pain. Symptoms are worse when standing or walking and are relieved by sitting. Lumbar spinal stenosis is often a disabling condition, and it is the most common reason for lumbar spinal surgery in adults over 65 years. The most common levels of stenosis are L3 through L5, but it may occur at multilevels in some patients. Radiculitis is the inflammation of a spinal nerve root that causes pain to radiate along the nerve paths. Epidural injections help to ascertain the level of the pain generator in this condition.

Postoperative epidural fibrosis - Epidural fibrosis is a common cause of failed back surgery syndrome. With the removal of a disc, the mechanical reason for pain may be removed, but an inflammatory condition may continue after the surgery and may cause pain. Epidural corticosteroids, with their anti-inflammatory properties, are used to treat postoperative fibrosis and may be used along with oral Gabapentin to reduce pain.

Lumbar herniated disc - Epidural steroid injections have been proven to be effective at reducing symptoms of lumbar herniated discs. Evidence shows that they can be successful in 42% to 56% of patients who do not improve after 6 weeks of conservative treatment. Observation and epidural steroid injection are effective nonsurgical treatments for this condition.

Failed back surgery syndrome - Failed back surgery syndrome (FBSS) is characterized by persistent or recurring low back pain, with or without sciatica, following lumbar surgery. The most common cause of FBSS is epidural fibrosis which be triggered by a surgical procedure such as discectomy. The inflammation resulting from the surgical procedure may start the process of fibrosis and cause pain. Epidural steroid injections are administered to reduce pain.

References

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2. Genevay S, Atlas SJ. Lumbar spinal stenosis. Best Pract Res Clin Rheumatol. 2010; 24(2):253-265.
3. Institute for Clinical Systems Improvement (ICSI). Adult Acute and Subacute Low Back Pain Fifteenth Edition. www.icsi.org. January 2012.
4. Lee JH, An JH, Lee SH. Comparison of the effectiveness of interlaminar and bilateral transforaminal epidural steroid injections in treatment of patients with lumbosacral disc herniation and spinal stenosis. Clin J Pain. 2009 Mar-Apr; 25(3):206-10.

5. Lee JH, Shin KH, Bahk SJ. Comparison of clinical efficacy of transforaminal and caudal epidural steroid injection in lumbar and lumbosacral disc herniation: A systematic review and meta-analysis. *Spine J.* 2018 Dec; 18(12):2343-53.
6. Manchikanti L, Boswell MV, Singh V, et al. Comprehensive evidence-based guidelines for interventional techniques in the management of chronic spinal pain. *Pain Physician.* 2009; 12:699-802.
7. Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques in the management of chronic spinal pain. Part II, Guidance and recommendations. *Pain Physician.* 2013; 16:S49-S283.
8. Manchikanti L, Singh V, Cash KA, et al. Management of pain of post lumbar surgery syndrome: one-year results of a randomized, double-blind, active controlled trial of fluoroscopic caudal epidural injections. *Pain Physician.* 2010; 13:509-521.
9. North American Spine Society (NASS). *Clinical Guidelines for Diagnosis and Treatment of Lumbar Disc Herniation with Radiculopathy.* 2012.
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12. Parr AT, Diwan S, Abdi S. Lumbar interlaminar epidural injections in managing chronic low back and lower extremity pain: A systematic review. *Pain Physician.* 2009; 12:163-188.
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14. Sculco AD, Paup DC, Fernhall B, et al. Effects of aerobic exercise on low back pain patients in treatment. *Spine J.* 2001 Mar-Apr; 1(2):95-101.
15. Singh JR, Cardozo E, Christolias GC. The clinical efficacy for two-level transforaminal epidural steroid injections. *PM R.* 2017 Apr; 9(4):377-82.
16. Summers J. International Spine Intervention Society Recommendations for treatment of Cervical and Lumbar Spine Pain. November 14, 2013.

Documentation for Clinical Review

Please provide the following documentation:

- History and physical and/or consultation notes including:
 - Conservative treatment(s), duration, and patient response
 - Diagnostic evaluation
 - Functional limitation(s)
- Prior procedure(s) and response (if applicable)
- Radiology report(s)
- Electrodiagnostic studies (if applicable)

Post Service (in addition to the above, please include the following):

- Procedure report(s)

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide

additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

| Type | Code | Description |
|-------|-------|--|
| | 62320 | Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance |
| | 62321 | Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT) |
| | 62322 | Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance |
| | 62323 | Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT) |
| | 64479 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level |
| | 64480 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure) |
| | 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level |
| | 64484 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure) |
| HCPCS | None | |

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

| Effective Date | Action |
|----------------|---|
| 01/01/2017 | Adoption of National Imaging Associates (NIA) Clinical Guidelines |
| 07/01/2018 | NIA Clinical Guideline update |
| 07/01/2019 | NIA Clinical Guideline update |
| 07/01/2020 | Annual NIA clinical guideline update |
| 01/01/2021 | Coding update |
| 03/01/2021 | Annual NIA clinical guideline update. Policy title changed from Spinal Epidural Injections to current one. |
| 01/01/2022 | Annual NIA clinical guideline update. |

Definitions of Decision Determinations

Medically Necessary: Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Appendix A

| POLICY STATEMENT | |
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| BEFORE <i>Red font: Verbiage removed</i> | AFTER <i>Blue font: Verbiage Changes/Additions</i> |
| <p>Epidural Spine Injections BSC_NIA_CG_300</p> <p>Policy Statement: Indications: Epidural Injections or Selective Nerve Blocks (caudal, interlaminar, and transforaminal) <i>(Injection of local anesthetics with corticosteroids)</i></p> <ul style="list-style-type: none"> • Pain causing functional disability or average pain levels of ≥ 6 on a scale of 0 – 10 (Manchikanti, 2013, 2011; NASS, 2013, 2012; Summers, 2013); AND <ul style="list-style-type: none"> ○ Diagnostic transforaminal injection to identify the pain generator for surgical planning (Manchikanti, 2013); OR ○ Conservative therapy <ul style="list-style-type: none"> ▪ Acute pain or exacerbation of chronic radicular pain with the following clinical timeframes: <ul style="list-style-type: none"> ➤ Neck or back pain with acute radicular pain (Summers, 2013): ➤ <u>After 2 weeks</u> or more of acute radicular pain that has failed to respond or poorly responded to conservative management unless the medical reason this conservative treatment cannot be done is clearly documented, (active components not required) (Manchikanti, 2013; Summers, 2013); OR ▪ Failed back surgery syndrome or epidural fibrosis causing radicular pain (Manchikanti, 2013): <ul style="list-style-type: none"> ➤ Typically not done immediately post-surgery. Documentation requires a medical reason that clearly indicates why an injection is needed (Manchikanti, 2013). ➤ Patient must engage in some form of other active conservative treatment* <u>for a minimum of 6 weeks in the last 6 months</u>; OR details of engagement in other forms of active conservative non-operative treatment, if the patient had any prior spinal injections prior to epidural injections, unless the | <p>Epidural Spine Injections BSC_NIA_CG_300</p> <p>Policy Statement: Indications: Epidural Injections or Selective Nerve Blocks (caudal, interlaminar, and transforaminal) <i>(Injection of local anesthetics with corticosteroids)</i></p> <ul style="list-style-type: none"> • Pain causing functional disability or average pain levels of ≥ 6 on a scale of 0 – 10 (Manchikanti, 2013; NASS, 2013, 2012; Summers, 2013); AND <ul style="list-style-type: none"> ○ Diagnostic transforaminal injection to identify the pain generator for surgical planning (Manchikanti, 2013); OR ○ Conservative therapy <ul style="list-style-type: none"> ▪ Acute pain or exacerbation of chronic radicular pain with the following clinical timeframes: <ul style="list-style-type: none"> ➤ Neck or back pain with acute radicular pain (Summers, 2013): ➤ <u>After 2 weeks</u> or more of acute radicular pain that has failed to respond or poorly responded to conservative management unless the medical reason this conservative treatment cannot be done is clearly documented, (active components not required) (Manchikanti, 2013; Summers, 2013); OR ▪ Failed back surgery syndrome or epidural fibrosis causing radicular pain (Manchikanti, 2013): <ul style="list-style-type: none"> ➤ Typically, not done immediately post-surgery. Documentation requires a medical reason that clearly indicates why an injection is needed (Manchikanti, 2013). ➤ Patient must engage in some form of other active conservative treatment* <u>for a minimum of 6 weeks in the last 6 months</u>; OR details of engagement in other forms of active conservative non-operative injection, if the patient had any prior spinal injections prior to epidural injections, unless the |

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| <p>patient from participating in conservative therapy* (Qassem, 2017; Summers, 2013); AND</p> <ul style="list-style-type: none"> • In the first year of treatment, which may include an initial series of 3 injections in the initial therapeutic phase and additional injections in the maintenance phase, a total of 6 epidural injections, per region, may be performed (Manchikanti, 2013). • Repeat injections after the initial therapeutic phase should be done at intervals of at least 2 months, provided that previous injections resulted in at least 50% relief or functional improvement for at least 2 months, and are limited to a maximum total of 4 therapeutic procedures per region per 12 months (Manchikanti, 2013; NASS, 2013). If special circumstances are documented (e.g., elderly patient with severe spinal stenosis and not an operative candidate) then repeat injections are limited to a maximum of 6 procedures in 12 months (NASS, 2013). NOTE: Each epidural injection requires an authorization. • If the neural blockade is applied for different regions, injections may be administered at intervals of no sooner than 7 days for most types of procedures (Manchikanti, 2013). • Injecting multiple regions or performing multiple procedures during the same visit may be deemed medically unnecessary unless documentation is provided outlining an unusual situation (ODG, 2017). • No more than 2 levels of transforaminal blocks should be done in one day (Singh, 2017). • An intraspinal injection* of opioid or other substance for the purpose of completing a trial for an implantable infusion pump is approvable using NIA_CG_310. NOTE: See Description section <p>Exclusions: These requests are excluded from consideration under this guideline:</p> <ul style="list-style-type: none"> • Implantation of intrathecal catheters or ports for chemotherapy • Intrathecal injections for muscular dystrophy • Post-operative pain control | <p>patient from participating in conservative therapy* (Qassem, 2017; Summers, 2013); AND</p> <ul style="list-style-type: none"> • In the first year of treatment, which may include an initial series of 3 injections in the initial therapeutic phase and additional injections in the maintenance phase, a total of 6 epidural injections, per region, may be performed (Manchikanti, 2013). • Repeat injections after the initial therapeutic phase should be done at intervals of at least 2 months, provided that previous injections resulted in at least 50% relief or functional improvement for at least 2 months and are limited to a maximum total of 4 therapeutic procedures per region per 12 months (Manchikanti, 2013; NASS, 2013). If special circumstances are documented (e.g., elderly patient with severe spinal stenosis and not an operative candidate) then repeat injections are limited to a maximum of 6 procedures in 12 months (NASS, 2013). NOTE: Each epidural injection requires an authorization. • If the neural blockade is applied for different regions, injections may be administered at intervals of no sooner than 7 days for most types of procedures (Manchikanti, 2013). • Injecting multiple regions or performing multiple procedures during the same visit may be deemed medically unnecessary unless documentation is provided outlining an unusual situation (ODG, 2017). • No more than 2 levels of transforaminal blocks should be done in one day (Singh, 2017). • An intraspinal injection* of opioid or other substance for the purpose of completing a trial for an implantable infusion pump is approvable using NIA_CG_310. NOTE: See Description section <p>Exclusions: These requests are excluded from consideration under this guideline:</p> <ul style="list-style-type: none"> • Implantation of intrathecal catheters or ports for chemotherapy • Intrathecal injections for muscular dystrophy • Post-operative pain control |

POLICY STATEMENT

| <p style="text-align: center;">BEFORE Red font: Verbiage removed</p> | <p style="text-align: center;">AFTER Blue font: Verbiage Changes/Additions</p> |
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| <p>Contraindications for Epidural Injections:</p> <ul style="list-style-type: none"> • Bleeding diathesis and full anticoagulation (risk of epidural hematoma); • Severe spinal stenosis resulting in intraspinal obstruction; • Local infection at injection site; • Predominantly psychogenic pain; • Sepsis; • Hypovolemia; • Uncontrolled diabetes; • Uncontrolled glaucoma; • High concentrations of local anesthetics in patients with multiple sclerosis; • For diagnosis or treatment of facet mediated pain; • Known or suspected allergic reaction to steroid medications; OR • Spinal infection | <p>Contraindications for Epidural Injections:</p> <ul style="list-style-type: none"> • Bleeding diathesis and full anticoagulation (risk of epidural hematoma) • Severe spinal stenosis resulting in intraspinal obstruction • Local infection at injection site • Predominantly psychogenic pain • Sepsis • Hypovolemia • Uncontrolled diabetes • Uncontrolled glaucoma • High concentrations of local anesthetics in patients with multiple sclerosis • For diagnosis or treatment of facet mediated pain • Known or suspected allergic reaction to steroid medications OR • Spinal infection |