

EFFECTIVE DATE: 04|01|2018
POLICY LAST UPDATED: 11|05|2019

OVERVIEW

Epidural injections are generally performed to treat pain arising from spinal nerve roots. These procedures may be performed via three distinct techniques, each of which involves introducing a needle into the epidural space by a different route of entry. These are termed the interlaminar, caudal, and transforaminal approaches. The procedures involve the injection of a solution containing local anesthetic with or without corticosteroids.

Epidural steroid injections (ESIs) are a treatment for back pain that has not responded to conservative measures. Local steroid injections may improve pain by reducing inflammation, thus relieving pressure on nerve roots or other structures that may be the origin of pain.

MEDICAL CRITERIA

BlueCHiP for Medicare

Epidural injections are considered medically necessary when the medical criteria below are met:

1. For the treatment of pain associated with
 - Herpes Zoster and/or
 - Suspected radicular pain, based on radiation of pain along the dermatome (sensory distribution) of a nerve and/or
 - Neurogenic claudication and/or
 - Back pain, NPRS \geq 3/10 (moderate to severe pain) associated with significant impairment of activities of daily living (ADLs) and one of the following:
 - a. substantial imaging abnormalities such as a central disc herniation,
 - b. severe degenerative disc disease or central spinal stenosis.

OR

2. Failure of four weeks (counting from onset of pain) of non-surgical, non-injection care, which includes appropriate oral medication(s) and physical therapy to the extent tolerated
 - Exceptions to the 4 week wait may include:
 - a. pain from Herpes Zoster
 - b. at least moderate pain with significant functional loss at work or home.
 - c. severe pain unresponsive to outpatient medical management.
 - d. inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
 - e. prior successful injections for same specific condition with relief of at least 3 months' duration.

Commercial Products

Non-specific Low Back Pain

There is limited evidence that epidural injections for the treatment of non-specific low back pain are effective. The following indications are considered when making coverage determinations:

- Back pain interferes with activities of daily living
- There are no neurologic deficits

- History and physical examination and imaging are non-diagnostic for etiology of pain **AND** Patient has attempted relief with all of the following:

- NSAIDs or acetaminophen \geq 3 weeks
- Activity modifications \geq 6 weeks
- Physical therapy \geq 6 weeks **AND**

There is continued pain after treatment **AND** none of the following indications are present:

- Local infection at injection site
- Increased intracranial pressure
- Epidural metastases

Cervical or Lumbar Radiculopathy (unilateral symptoms)

Epidural injections for cervical or lumbar radiculopathy are medically necessary when all of the following criteria are met:

On the Visual Analog Scale, pain is classified as either A or B:

A. Greater than or equal to 7 out of 10 **AND**

All of the following are present:

- Unilateral pain in nerve root distribution
- Pain unrelieved by change in body position
- Pain interferes with activities of daily living
- Nerve root compression by imaging or testing **AND**

None of the following indications are present:

- Local infection at injection site
- Increased intracranial pressure
- Epidural metastases

B. Greater than or equal to 3 and less than 7 out of 10 **AND**

All of the following are present:

- Unilateral pain in nerve root distribution
- Nerve root compression by imaging or testing **AND**

The pain can be classified by one of the following:

1. Worsening pain despite all of the following conservative treatment:

- NSAIDs or acetaminophen \geq 1 week
- Activity modification \geq 1 week
- Physical Therapy \geq 1 week **OR**

2. Continued pain after all of the following conservative treatment:

- NSAIDs or acetaminophen \geq 3 weeks
- Activity modification \geq 6 weeks
- Physical Therapy \geq 6 weeks **AND**

None of the following indications are present:

- Local infection at injection site
- Increased intracranial pressure
- Epidural metastases

PRIOR AUTHORIZATION

BlueCHiP for Medicare and Commercial Products

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial products and is obtained via the online tool for participating providers. See Related Policies section.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Epidural injections are considered medically necessary when the medical criteria in this policy has been met. It is recommended that a period of no less than 90 days occurs between injections or no more than 4 injections in a 12-month period.

An approved authorization request will be valid for 4 epidural injections in one 12-month period from the requested date of service. An additional authorization request will be required if a member is to exceed 4 epidural injections in the initially approved 12-month period.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for the applicable surgery services benefits/coverage.

BACKGROUND

Back pain is an extremely common condition. Most episodes are self-limited and will resolve within 1 month, but a small percentage will persist and become chronic. Patients with chronic back pain may suffer from serious disability and may use a high volume of medical services. Despite high utilization, many patients with chronic back pain do not improve with available treatments, including surgical interventions. Therefore, there is a high unmet need to determine the efficacy of different treatments for chronic back pain and to determine which patient populations may benefit from specific interventions. In addition, in recent years there has been a proliferation of new technologies, combined with large increases in the number of patients treated and in the intensity of treatment. Therefore, there is a concern for overtreatment of patients who may not benefit from interventions for back pain.

Regardless of specific etiology, conservative management is the first-line treatment for most patients with back pain. Nonsteroidal anti-inflammatory drugs or other analgesics are used for symptom relief. These agents should be used for at least several weeks at a dose sufficient to induce a therapeutic response. Additionally, modification of activity in conjunction with some form of exercise therapy is frequently prescribed early in the course of symptoms and typically involves a physical therapist. For patients with persistent nonradicular back pain, current guidelines recommend interdisciplinary rehabilitation, which is defined as an integrated approach using physical rehabilitation in conjunction with a psychological or psychosocial intervention.

For patients who fail conservative therapy, there are a number of interventional therapies available, which range from minimally invasive procedures, such as injections, to major surgeries, such as spinal decompression with fusion. Injections can be given in different locations (eg, soft tissues, intraspinal, sacroiliac joints) and can use different therapeutic agents (eg, botulinum toxin, steroids, proteolytic enzymes). Other interventional techniques include radiofrequency ablation, prolotherapy, and chemonucleolysis. Most of these nonsurgical interventions do not have high-quality evidence demonstrating their efficacy. A number of surgical interventions are available, such as discectomy and spinal fusion, each of which can be performed by a variety of different techniques. The decision to undertake surgery is best made in the setting of shared decision making between the patient and surgeon, with thorough consideration given to the risks and benefits of surgery.

Epidural injection therapy is one of several second-line therapies available for patients who fail conservative treatment and is one of the most common modalities used in this group of patients. Epidural steroid injections are performed by inserting a needle into the space between the dura and ligamentum flavum and injecting a steroid preparation. There is considerable variability in the technical aspects of epidural injections. Several different approaches may be used for entering the epidural space (translaminar, transforaminal, caudal). In addition, epidural steroid injections may be administered with or without fluoroscopic guidance. For example, a national survey published in 2002 reported that 30% of academic institutions and 77% of private practices use fluoroscopy. Some authors have estimated that lack of correct needle position in the epidural space may occur in 25% or more of injections administered. Variability of technique may also

involve factors such as the depth of injection into the epidural space, volume of injectate, and the filling patterns of the injectate.

CODING

BlueCHiP for Medicare and Commercial Products

The following CPT Codes are medically necessary when medical criteria are met:

62320 Injection(s), of diagnostic or therapeutic substance(s) (eg, 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) (eg, 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 (ie, fluoroscopy or CT)

62322 Injection(s), of diagnostic or therapeutic substance(s) (eg, 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) (eg, 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 (ie, fluoroscopy or CT)

62324 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

62325 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)

62326 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

62327 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)

64479 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

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

These CPT Codes would not be used for maternity delivery or as an anesthetic for surgical procedures.

RELATED POLICIES

Prior Authorization via Web-Based Tool for Procedures

PUBLISHED

Provider Update, January 2020

Provider Update, May 2018

REFERENCES

1. Riew K, Park J, Cho Y, et al. Nerve root blocks in the treatment of lumbar radicular pain. A minimum five-year follow-up. *J Bone Joint Surg Am.* 2006;88:1722-5.

2. Riew K, Yin Y, Gilula L, et al. The effect of nerve-root injections on the need for operative treatment of lumbar radicular pain. A prospective, randomized, controlled, double-blind study. *J Bone Joint Surg Am.* 2000;11:1589-93.
3. Ghahreman A, Bogduk N. Predictors of a favorable response to transforaminal injection of steroids in patients with lumbar radicular pain due to disc herniation. *Pain Med.* 2011;12:871–879.
4. Ghahreman A, Ferch R, Bogduk N. The efficacy of transforaminal injection of steroids for the treatment of lumbar radicular pain. *Pain Med.* 2010;11:1149–1168.
5. Chou R, Loeser JD, Owens DK, et al. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society. *Spine (Phila Pa 1976).* May 1 2009;34(10):1066-1077. PMID 19363457
6. Benyamin RM, Manchikanti L, Parr AT, et al. The effectiveness of lumbar interlaminar epidural injections in managing chronic low back and lower extremity pain. *Pain Physician.* Jul-Aug 2012;15(4):E363-404. PMID 22828691
7. Pinto RZ, Maher CG, Ferreira ML, et al. Epidural corticosteroid injections in the management of sciatica: a systematic review and meta-analysis. *Ann Intern Med.* Dec 18 2012;157(12):865-877. PMID 23362516
8. Chou R, Atlas SJ, Stanos SP, et al. Nonsurgical interventional therapies for low back pain: a review of the evidence for an American Pain Society clinical practice guideline. *Spine (Phila Pa 1976).* May 1 2009;34(10):1078-1093. PMID 19363456
9. Manchikanti L, Buenaventura RM, Manchikanti KN, et al. Effectiveness of therapeutic lumbar transforaminal epidural steroid injections in managing lumbar spinal pain. *Pain Physician.* May-Jun 2012;15(3):E199-245. PMID 22622912
10. Bhatia A, Flamer D, Shah PS, et al. Transforaminal epidural steroid injections for treating lumbosacral radicular pain from herniated intervertebral discs: a systematic review and meta-analysis. *Anesth Analg.* Mar 2016;122(3):857-870. PMID 26891397
11. Cohen SP, Hanling S, Bicket MC, et al. Epidural steroid injections compared with gabapentin for lumbosacral radicular pain: multicenter randomized double blind comparative efficacy study. *BMJ.* Apr 16 2015;350:h1748. PMID 25883095
12. Friedly JL, Comstock BA, Turner JA, et al. Long-term effects of repeated injections of local anesthetic with or without corticosteroid for lumbar spinal stenosis: a randomized trial. *Arch Phys Med Rehabil.* Aug 2017;98(8):1499-1507.e1492. PMID 28396242

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

