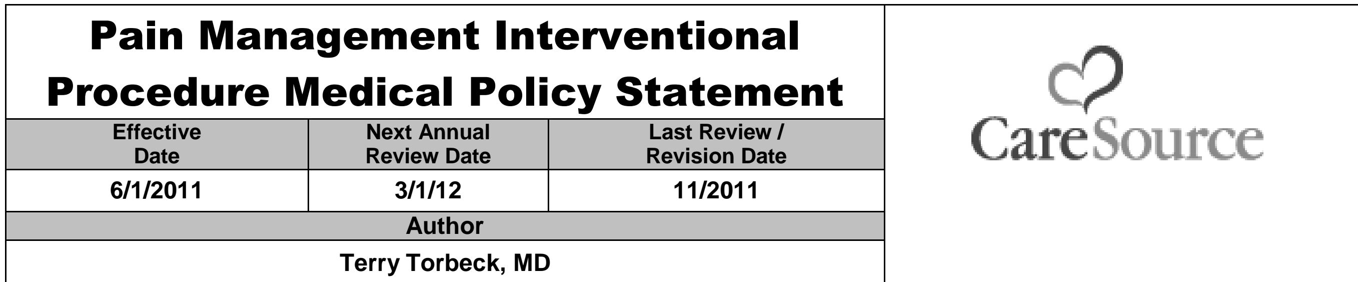

Pain Management Interventional Procedure Medical Policy Statement

Effective Date	Next Annual Review Date	Last Review / Revision Date
6/1/2011	3/1/12	11/2011
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CareSource

CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Pain Management (summary policy):

- Trigger Point Injections
- Facet Joint/Nerve Injections
- Epidural Injections
- Associated Anesthesia
- Urine Drug Screening

(See expanded individual policies for above bulleted procedures)

B. BACKGROUND

Pain is defined as an unpleasant and emotional experience associated with actual or potential tissue damage. Chronic pain is defined as pain present for six months or more. Persistent pain that exceeds the usual healing period and that is unresponsive to active management by the primary physician or specialists as evidenced by adjustment/escalation in medication and failure of other appropriate conservative therapies may require additional pain management procedures. Conservative therapies include non-narcotic medication management, short term opioid drug management, appropriate physical therapy and other alternative treatment modalities, as well as psychological evaluation and counseling if indicated.

Myofascial “trigger points” are self-sustaining hyperirritative foci in any skeletal muscle, often occurring in response to strain produced by acute or chronic overload. There is no associated neurologic deficit, and the pain is aggravated by hyperextension of the spine, standing and walking.

Facet joint branch nerve blocks are one of the methods to diagnose and treat posterior biomechanical pain of the back which typically does not have a strong radicular component. Epidural and transforaminal epidural injections for persistent or chronic radicular pain require injection of medication into the epidural space, potentially at several unilateral spinal levels;

this requires fluoroscopic imaging and injection of an appropriate agent to achieve a selective reproducible blockage of a specific nerve root.

Numerous review articles have evaluated the effectiveness and usefulness of trigger point injections, facet block injections and epidural injections. Evidence supports the use of facet blocks as diagnostic tools to identify the cause of pain and as an option for providing short term pain relief with the use of certain medications.

Similarly epidural injections may be diagnostic for localizing and determining the cause of radiating pain and providing short term pain relief. Evidence reported in the medical literature, however, is inconclusive as to the indication for facet and epidural injections for long term relief or treatment of chronic pain.

Medical literature supports only limited use of trigger point injections to localize and treat acute muscle pain and spasm. There is no evidence to support the use of trigger point injections for chronic or recurring pain. Monitored anesthesia is generally not necessary for pain management injections except in patients with significant co-morbidities. Patients requiring sedation may benefit from brief conscious sedation.

C. POLICY

1. **Trigger Point Injections (CPT 20550 – 20553)**
   CareSource will reimburse ***up to a maximum of 8 trigger point injections per 12 month period*** regardless of location, rendering provider, or interval between injections. Use of trigger point injections should only be considered in patients with a new incidence of pain and repeated only with documented positive results. Because of insufficient evidence to document the effectiveness of trigger point injections for chronic pain management, greater than 8 trigger point injections within a 12 month period will be considered not medically necessary.

2. **Facet Joint and/or Facet Joint Nerve Injection (CPT 27096, 64490 – 64495)**
   CareSource will consider Facet Joint and/or Facet Joint Nerve Injection medically necessary for evaluation of subacute non-radiating pain that is unresponsive within a reasonable period of time (usually no less than 8 wks) to a well managed course of conservative therapy and when the following criteria are met:

   a. A thorough history and physical exam documents cause of the pain if known, duration of symptoms, severity, exacerbating factors, abnormal physical and diagnostic findings and prior conservative treatment measures.
   b. Documentation of associated medical and psychological disorders.
   c. Diagnostic studies including x-rays and MRIs that have confirmed the diagnosis of facet arthropathy or degenerative disease of the spine.
   d. Facet joint and/or nerve blocks may be performed on the targeted joint itself, one joint above and one joint below on the same side per treatment session.

e. If the patient does not show good response from the first block, additional procedures should not be considered. If the patient does show improvement with suitable pain relief from the first injection, a second and third block can be repeated as needed.

f. No authorization is required for up to a total of 6 injections in a 12 month period, regardless of level(s) (6 CPT codes). ***More than 6 injections by the same or any provider at a single or multiple level(s) within a 12 month period require prior authorization.***

Facet joint and/or nerve injections should be performed with imaging guidance. Image guidance and any injection of contrast are inclusive components of 64490-64495.

g. Therapeutic facet joint injection is unproven for the treatment of chronic spinal pain and routine, periodic injections will not be authorized for management of chronic pain.

3. **Epidural Steroid Injections and Selective Transforaminal Epidural Injection (CPT 62310, 62311, 64479 – 64484)**

CareSource will consider Epidural Steroid Injections and Selective Transforaminal Epidural Injection (also known as selective nerve root blocks, SNRB) as clinically appropriate and medically necessary for diagnosis of acute and sub-acute sciatica or radicular pain of the low back or other levels that is unresponsive to a reasonable trial (usually not less than 8 weeks) of a well managed course of conservative therapy and is caused by:

- Degenerative Vertebral Changes
- Spinal Stenosis
- Disc Herniation
- Post-laminectomy Syndrome with Radiculopathy
- Post-traumatic Neuropathy of the Spinal Roots

The following criteria must be met:

a. A thorough history and physical exam documenting cause of the pain if known, duration of symptoms, severity and exacerbating factors. Documentation also includes abnormal physical and diagnostic findings and prior conservative measures.
b. Documentation of associated medical and psychological disorders
c. Diagnostic studies including x-rays and MRIs that have confirmed the likelihood of degenerative disease or other abnormalities of the spine.

Epidural Injections and selective nerve root blocks are considered medically necessary as part of a diagnostic evaluation for radicular pain when:

a. History and physical findings suggest radiculopathy but radiographic and neurodiagnostic studies are indeterminate,
b. Radiologic studies suggest a structural abnormality in proximity to a potentially affected nerve root, or
c. History and physical findings are suggestive for, but not completely typical for nerve root involvement.

Medical literature is inconclusive and controversial with regard to management of chronic pain with epidural injections. CareSource considers epidural injections and SNRBs for management of chronic pain and all other indications except those listed above as investigational and not medically necessary.

Epidural injections and SNRBs are indicated for management of acute and subacute pain as part of a comprehensive pain management program. ***More than 3 epidural injections in a 12 month period require prior authorization.***

4. **Anesthesia for Facet Joint and Epidural Injections:**
Monitored anesthesia (as defined by CPT codes 01991, 01992, 01935 and 01936) will be denied for trigger point injections (CPT 20550 – 20553) and **when provided in conjunction with ALL facet joint or nerve injections and ALL epidural injections (CPT 27096, 62310, 62311, 64479 – 64484, 64490 - 64495).**

Authorization will be provided on a claim appeal only where there is documented medical necessity due to co-morbidities such as:

- Spasticity and movement disorders
- Mental or cognitive deficits that likely compromise patient compliance
- Previous attempts that were unsuccessful due to severe anxiety, agitation or other behavioral conditions and documentation of failed conscious sedation
- ASA 3 or 4 classification requiring constant monitoring as documented on pre-procedure assessment by an anesthesiologist

a. Conscious sedation, if required for less severe co-morbidities or patient/physician preference, may be provided without prior authorization, but services will be considered part of the procedure and are not eligible for additional reimbursement.
b. Anesthesia or conscious sedation services must be provided by CareSource contracted and credentialed anesthesia providers or charges for those services will be denied.

5. **Urine Drug Screening:**
   a. Urine drug screening, utilizing point of service rapid test kits, will be reimbursed when medically appropriate and may be billed utilizing CPT 80101.
   b. Confirmatory reference laboratory testing does not require prior authorization for CareSource contracted labs and will be reimbursed when medically necessary.
   c. UDS must be specifically ordered by the attending physician and collected according to standard chain of command protocol. Reimbursement for urine drug screening that does not conform to acceptable protocol and medical necessity is subject to recovery following medical chart audit.
   d. CPT 80101 and other urine drug screening codes billed by non-par labs will be denied.

For Medicare LCD Number L31845

Local Coverage Determination for Pain Management

D. REVIEW / REVISION HISTORY

Date Issued: 5/2007
Date Revised: 12/2010, 3/7/11, 11/2011
Date Reviewed: 12/2010, 3/7/11

E. REFERENCES

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The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.