MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
02/10/2015	02/10/2017	02/11/2016

Policy Name		Policy Number
Trigger Point Injections		MM-0011

Policy Type		
☒ Medical	☐ Administrative	☐ Payment

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that 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. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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A. SUBJECT
   Trigger Point Injections

B. BACKGROUND
Myofascial "trigger points" are self-sustaining hyper-irritative 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 may be aggravated by hyperextension of the spine, standing and walking.[1]

Interventional procedures for management of pain should be part of a comprehensive pain management care plan that incorporates an initial trial of conservative treatment utilizing appropriate medications, physical therapy modalities and behavioral support as needed. Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by physicians qualified to deliver these health services.[1,2]

C. DEFINITIONS
   None

D. POLICY
Criteria
Use of trigger point injections should only be considered in patients with a new occurrence of localized pain. Injections may be repeated only with documented positive results to prior trigger point injection of the same anatomic site. Localization techniques to image or otherwise identify trigger point anatomic locations are not indicated and will not be covered for payment when associated with trigger point injection procedures.

CareSource will reimburse *up to a maximum of 8 trigger point injections per 12 month period* (consistent with Ohio Administrative Code 5160-4-12(D)(4)) regardless of location, duration of symptoms, rendering provider, or interval between injections.

Inconclusive or Non-Supportive Evidence
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.

Clinical indications for Procedure
A. Trigger-point injections of anesthetic and/or corticosteroid for back pain, neck pain, or myofascial pain syndrome will be considered as medically necessary when pain has persisted despite appropriate medical management and **ALL** of the following criteria are met:
   1. Symptoms have persisted for more than 3 months
   2. Conservative therapies such as bed rest, exercises, heating or cooling modalities, and pharmacotherapies such as non-steroidal anti-inflammatory drugs, muscle relaxants, non-narcotic analgesics, have been tried and failed
   3. Trigger points have been identified by palpation
   4. Injections for (initial) diagnosis and pain stabilization are given no less than one week apart, and preferably two weeks apart.
   5. Injections for (subsequent) treatment of the same anatomic site(s) are given two months or longer apart, as long as at least 50% relief is obtained for six weeks, and initial and subsequent injections provided total to no more than 8 trigger point injections within a rolling 12 month period.
   6. The injections for treatment are not used in isolation, but are provided as part of a comprehensive pain management program, including **2 or more** of the following:
      6.1 Physical therapy sessions
      6.2 Chiropractor visits
      6.3 Exercise program
      6.4 Non-narcotic medications

CONDITIONS OF COVERAGE
HCPCS   None
CPT   20552, 20553

AUTHORIZATION PERIOD

E. RELATED POLICIES/RULES

F. REVIEW/REVISION HISTORY
Date Issued: 02/10/2015
Date Reviewed: 02/10/2015, 05/07/2015, 02/11/2016
Date Revised: 05/07/2015 – Update OAC Code

G. REFERENCES
   1. Staal, J.B., et al., *Injection therapy for subacute and chronic low back pain: an updated Cochrane review.* Spine (Phila Pa 1976), 2009. 34(1): p. 49-59.
   2. Chou, R., et al., *Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society.* Spine, 2009. 34(10): p. 1066-1077.

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

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