

MEDICAL POLICY STATEMENT INDIANA MEDICAID

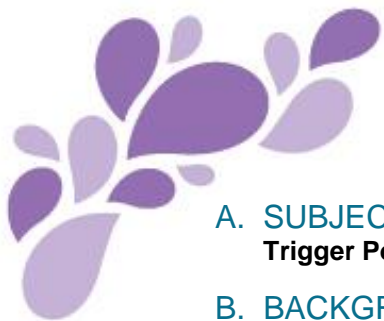
Original Issue Date	Next Annual Review	Effective Date
11/01/2017	11/01/2018	12/17/2017 - 07/31/2019
Policy Name		Policy Number
Trigger Point Injections		MM-0183
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

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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]

Professional Societies

The following professional society’s recommendations are derived from the latest guidelines and scientific based literature available.

American Society of Anesthesiologists (ASA) recommendations include trigger point injections be considered as treatment for patients with myofascial pain as part of a multimodal approach to pain management (ASA Practice Guidelines for Chronic Pain Management—2010)

C. DEFINITIONS

N/A

D. POLICY

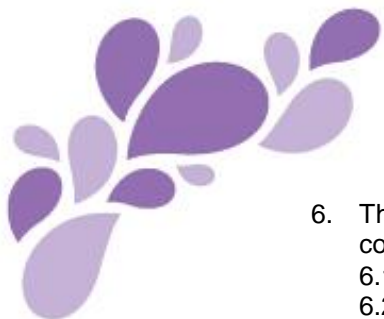
I. Criteria

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 dates of service for trigger point injections per calendar year per patient

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 dates of service for trigger point injections per calendar year per patient .



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

E. CONDITIONS OF COVERAGE

HCPCS
CPT

AUTHORIZATION PERIOD

F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	11/01/2017	New Policy.
Date Revised		
Date Effective	12/17/2017	

H. 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.
3. Rosenquist, MD, R. W. (2010, April). Practice Guidelines for Chronic Pain Management. The American Society of Anesthesiologists

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