

MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
7/1/2010	7/2015	7/2014
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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 Interventional Procedures Policy

Interventional procedures for management of pain should be part of a comprehensive pain management program that incorporates initially a 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 credentialed with CareSource as Pain Management specialists.

Benefit limits and/or prior authorization may pertain to the following procedures. All facet joint and epidural injections provided by physicians other than credentialed pain management specialists or anesthesiologists require prior authorization.

This policy pertains to the following procedures:

1. Trigger Point Injections
2. Facet Joint/Nerve Injections
3. Epidural Injections and Selective Transforaminal Epidural Injections
4. Sacro-iliac Joint Injections
5. Associated Anesthesia

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, appropriate physical therapy and other alternative treatment modalities, short

term opiate/opioid drug management as indicated, as well as psychological evaluation and counseling if indicated.

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.

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 involve injection of medication into the epidural space, potentially at more than one spinal level; 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 generally is not necessary for pain management injections. Patients requiring sedation may benefit from brief conscious sedation.

C. POLICY

1. Trigger Point Injections

CareSource will reimburse ***up to a maximum of 8 trigger point injections per 12 month period*** (consistent with OAC 5101:3-4-13) 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

- A. CareSource will consider Facet Joint and/or Facet Joint Nerve Injection medically necessary for evaluation of sub-acute 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 exist:

- a. A thorough history and physical exam documenting 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 where appropriate that have confirmed the diagnosis of facet arthropathy or degenerative disease of the spine.
- B. 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 or bilaterally per treatment session.
 - C. Positive response from a diagnostic block includes greater than 50% reduction in pain within the duration of effectiveness for the anesthetic used and at least 50% improvement in function. Without positive response, additional procedures should not be considered. If the patient does show improvement with suitable pain relief from the first series of injections, a second series of therapeutic blocks can be administered. Additional blocks within 12 mos. require prior authorization.
 - D. No authorization is required for up to a total of 2 treatment sessions, up to 6 injections per session, within a 12 month period, regardless of level(s) (12 CPT codes within 12 months). ***More than 12 injections by the same or any provider at multiple levels or anatomic areas within a 12 month period require prior authorization.***
 - E. **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.**
 - F. 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

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 and treatment 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 wks) 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 should also include abnormal physical and diagnostic findings and prior conservative measures.

- b. Documentation of associated medical disorders and any relevant psychological considerations
- c. Documentation of any 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:

Epidurals (62310-62311)

- More than 1 epidural injection per treatment date will not be authorized
- Bilateral injections and modifiers will not be recognized and will deny
- Prior authorization will be required for more than 3 epidural injections by the same or any physician within a 12 month period

Transforaminal Epidurals (64479-64484)

- SNRBs provided to more than 2 vertebral levels per treatment date, whether unilateral or bilateral, will not be authorized and will not pay
- Bilateral injections require the appropriate modifier
- Prior authorization is required for more than 2 treatment sessions per anatomic area (cervical, thoracic, lumbar, sacral) within 12 months

4. Sacro-Iliac Injections

Sacro-iliac joint injections utilizing local anesthetic and/or corticosteroid medication has been shown to be effective for diagnostic purposes and short term relief from pain resulting from SI joint dysfunction. Pain management literature highlighting controlled studies of SI joint pain management has not demonstrated injections of the SI joint to be effective as a long term management modality.

SI joint injections greater than 2 in a 12 month period will require prior authorization

5. Anesthesia for Facet Joint and Epidural Injections:

Monitored anesthesia will be denied for trigger point injections, all facet joint or nerve injections and all epidural and transforaminal epidural injections as not medically necessary.

- a. Conscious sedation, if required for 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. If anesthesia or conscious sedation services are provided they must be delivered by CareSource contracted and credentialed providers, including anesthesiologists and CRNAs.**

For Medicare LCD Number L28529

- For Special Needs Plan members, reference link below to search for applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD) -

<https://www.codemap.com/content.cfm?id=7280&sid=179&lcd=28529>

D. REVIEW / REVISION HISTORY

Date Issued: 5/2007

Date Revised: 12/2010

Date Reviewed: 12/2010, 3/7/11, 5/22/12, 11/2012, 7/2013, 7/2014

E. REFERENCES

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3. Nelemans PJ, deBie RA, deVet HC, Sturmans F. Injection therapy for subacute and chronic low back pain. *Spine*. 2001;26(5):501-15
4. Narozny M, Zanetti M, Boos N. Therapeutic efficacy of selective nerve root blocks in the treatment of lumbar radicular leg pain. *Swiss Med Wkly*. 2001;131(5-6):75-80
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6. Gajraj NM. Selective nerve root blocks for low back pain and radiculopathy. *Reg Anesth Pain Med*. 2004;29(3):243-256

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This Policy describes clinical review and medical necessity determination criteria. Payments for services detailed above are subject to Network Notifications detailed and published on the CareSource Provider website.

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

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