

## Clinical Medical Policy Pain Management – Epidural Injections

### Benefit Coverage:

This Clinical Medical Policy addresses coverage of epidural steroid injections to reduce inflammation around the spinal nerves and treat pain.

### Description:

Epidural steroid injections are done with fluoroscopic guidance into the interspace between the two vertebrae closest to the involved spinal nerve root. There are two approaches to performing epidural steroid injections – interlaminar epidural steroid injection and transforaminal epidural steroid injection. Epidural steroid injections are indicated for treatment of radicular pain (pain which goes down a limb in a specific nerve distribution) arising from the spinal column. Epidurography or injection of dye into the epidural space will be considered part of the treatment procedure and is not reimbursed separately.

Neighborhood's expectation is that epidural injections are to be part of a comprehensive pain management strategy, which may include but is not limited to physical/occupational therapy, weight loss, smoking cessation, and pharmacologic management of pain.

Activities of Daily Living (ADLs) are defined as activities related to personal care and include bathing or showering, dressing, getting in or out of bed or a chair, using the toilet, and eating. Age appropriateness of these activities is considered when determining medical necessity.

### Coverage Determination:

All epidural steroid injections require prior authorization. Retroactive requests for procedures already performed may not be covered.

All requests are to be submitted on Neighborhood's *Pain Management Prior Authorization Patient Information Form*, available on Neighborhood's website, [www.nhpri.org](http://www.nhpri.org)

Requests with incomplete information will be returned for completion prior to review.

1. Neighborhood Health Plan of Rhode Island allows epidural steroid injections as follows:
  - Up to three injections in a six-month period, with a minimum of three weeks between same site injections.
  - Additional authorization is required if patient requires additional injections after initial six months of therapy. A maximum of six injections are allowed per 12 months period
2. History and clinical exam including appropriate provocative diagnostic tests (such as Straight leg raising test, femoral extension test, etc.) must be submitted for each treatment requested.
3. Requests for retreatment of a site > than six months from the initial injection date require



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documentation of an overall pain management strategy including: smoking cessation, weight loss, physical therapy or counseling. (see *Pain Management Prior Authorization Patient Information Form*.)

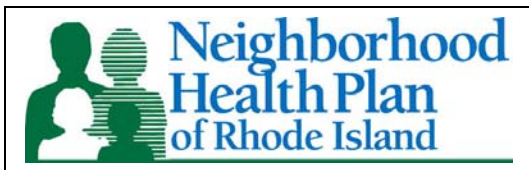
4. AMD review is required for the following circumstances:
  - a. More than 3 injections in 6 months or more than 6 injections in 12 months are requested
  - b. Sedation or anesthesia for the procedure beyond use of local anesthetic agent is planned.
  - c. Procedure is to be done in conjunction with other musculoskeletal or facet joint steroid injections
  - d. Procedure is to be performed without imaging (e.g, fluoroscopy or CAT scan)
  - e. No comprehensive pain management treatment plan is documented

### Criteria:

Documentation of all of the following is required for prior authorization:

1. History and physical exam must be consistent with radiculopathy (radicular pain) duration including documentation of positive straight leg raising test or other provocative test and documentation of functional impairment secondary to radiculopathy. Functional impairment may include: performance of ADL's, ability to work, drive, sleep, interact socially, excessive use of pain medication.
2. Clinician has documented a comprehensive pain management strategy (smoking cessation, weight loss, physical therapy, or counseling.)
3. For additional injections after three/six months, the following additional documentation is required:
  - a. Physician must document date, clinical response, and duration of response from previous treatment.
  - b. Clinical response should reflect measurable functional improvement from initial presentation in activities such as:
    - returning to work
    - sleeping
    - performing ADL's
    - increased social activities, and/or
    - decreased need for pain medication.
  - c. History and physical exam criteria for initial series must be met

### Covered Procedures:



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### Exclusions:

Epidural injections will not be covered under the following circumstances:

1. The physical exam and history do not reflect the presence of radiculopathy.
2. The patient has exceeded the maximum allowable number of injections.
3. Retreatment is being requested and clinician has not documented implementation of pain management strategy.
4. Physician has not adequately documented response to prior treatments.

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*CMP Number:* CMP-003.03

*CMP Cross Reference:*

### References:

1. Abram, S. Treatment of Lumbosacral Radiculopathy with Epidural Steroids. *Anesthesiology*: vol 91(6); December 1999
2. Abdi S. Epidural steroids in the management of chronic spinal pain: A systematic Review. *Pain Physician* 10:185-212; 2007
3. Boswell M et al. Interventional Techniques: Evidence-based guidelines in the management of chronic spinal pain. *Pain Physician* 10(1); January 2007

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