1. **Purpose**
   The purpose of this policy is to establish the criteria for the medical necessity of epidural steroid injections.

2. **Definitions**
   2.1. Transforaminal epidural steroid injection (a.k.a., Selective Nerve Root Block) refers to injection of contrast (absent allergy to contrast), followed by the introduction of a corticosteroid and possibly a local anesthetic by inserting a needle into the neuroforamen under fluoroscopic guidance, ventral to the nerve root.

   2.2. Interlaminar (Translaminar) epidural steroid injection refers to injection of contrast (absent allergy to contrast), followed by the introduction of a corticosteroid and possibly a local anesthetic into the epidural space of the spine either through a paramedian or midline interlaminar approach under fluoroscopic guidance.

   2.3. Caudal epidural steroid injection refers to the injection of contrast (absent allergy to contrast), followed by the introduction of corticosteroids and possibly a local anesthetic into the epidural space of the spine by inserting a needle through the sacral hiatus under fluoroscopic guidance into the epidural space at the sacral canal.

   2.4. Radiculopathy is defined as "significant alteration in the function of a nerve root." The most important clinical components required to support the diagnosis of a radiculopathy include:
   - Subjective complaint of pain, numbness, and/or paresthesias in a spinal nerve distribution; and
   - Associated clinical findings such as loss of related reflexes, muscle weakness and/or atrophy of muscle groups in the related myotome, altered sensation in the corresponding dermatome(s) or positive nerve root tension signs (straight leg raise, femoral nerve stretch tests, brachial plexus tension tests) resulting in provocation of radicular pain.

   2.5. Radiculopathy must be documented by physical examination and should be corroborated with imaging studies and/or electrodiagnostic testing. In cases with clearly evident radicular symptoms and correlating neurological findings on examination, imaging studies and/or electrodiagnostic testing is not necessary to
clinically document a radiculopathy. The presence of leg pain or arm pain and possible findings on an advanced diagnostic imaging study in and of itself does not substantiate the diagnosis of radiculopathy. There must also be clinical evidence as described above.

3. Statement of Policy

3.1. The determination of medical necessity for the use of epidural steroid injections is always made on a case-by-case basis.

3.2. Epidural steroid injections without the use of fluoroscopic guidance and the injection of a contrast may be considered not medically necessary, with the exception of an emergent situation or when fluoroscopy or the injection of contrast is contraindicated.

3.3. Diagnostic Epidural Steroid Injections (Selective Nerve Root Block):

3.3.1 A diagnostic selective nerve root block (SNRB) may be considered medically necessary establishing the diagnosis of radiculopathy in patients with symptoms suggestive of radiculopathy. When the diagnosis remains uncertain after standard evaluation (neurologic examination, radiological studies and electrodiagnostic studies) in the following clinical situations:

- When the physical signs and symptoms differ from that found on imaging studies; or
- When there is clinical evidence of multi-level nerve root pathology; or
- When the clinical presentation is suggestive, but not typical for both nerve root and peripheral nerve or joint disease involvement; or
- When the clinical findings are consistent with radiculopathy in a dermatomal distribution, but the imaging studies do not corroborate the findings; or
- When the patient has had previous spinal surgery.

3.3.2 A second selective nerve root block is not recommended if there is inadequate response to the first block. That response should be determined by the injectate utilized. If the first injection is performed under fluoroscopy and contrast is used for guidance, a second block is not indicated unless there is evidence of multilevel pathology. In these cases a different level or approach should be proposed. There should be an interval of at least one to two (1 to 2) weeks between injections.
3.3.3. When performing transforaminal blocks (SNRB), no more than two (2) nerve root levels should be injected during the same session/procedure.

3.3.4. Triad Healthcare, Inc. considers the performance of diagnostic selective nerve root blocks not medically necessary for all other indications.

3.4. Therapeutic Epidural Steroid Injections (Transforaminal, Translaminar, or Caudal):

3.4.1 The use of epidural steroid injections may be considered medically necessary for a patient who has evidence of a radiculopathy which has resulted from disease, injury or surgery and has not responded sufficiently to a reasonable course of conservative treatment (exercise, physical methods including physical therapy and/or chiropractic care, NSAIDs and/or muscle relaxants).

3.4.2 When performing transforaminal blocks (SNRB), no more than two (2) nerve root levels should be injected during the same session/procedure. When performing interlaminar blocks (translaminar), no more than one (1) interlaminar level should be injected during the same session/procedure.

3.4.3 To avoid coming to an improper diagnosis or providing unnecessary treatment, the performance of epidural steroid injections is not medically necessary on the same day of service as facet joint blocks, sacroiliac joint blocks or sympathetic blocks. In addition, lumbar and cervical blocks should not be performed on the same date of service.

3.4.4 Based on the limited long-term benefit of performing epidural steroid injections as an isolated intervention with regard to pain and improved function, all epidural steroid injections should be performed in conjunction with active rehabilitative care/therapeutic exercise. Injections performed in isolation without the patient participating in an active rehabilitation program/home exercise program/functional restoration program may be considered not medically necessary.

3.5. Based on the fact that caudal epidural steroid injections are not target specific, the injectate is diluted, and the injectate rarely reaches the level above L5-S1, the use of caudal epidural steroid injections for levels above L5-S1 without a supporting clinical rationale (why it is preferred over translaminar or transforaminal, e.g., status post fusion with anatomical limitations) for alternative approaches, may be considered not medically necessary.
3.6. Repeat epidural steroid injections may be considered not medically necessary when there has not been at least 50% pain relief for four (4) weeks, with a general recommendation of no more than two (2) blocks per episode of pain and four (4) blocks per region per year.

3.7. There is no scientific evidence to support the scheduling of a "series-of-three" injections in either a diagnostic or therapeutic approach. The medical necessity of subsequent injections should be evaluated individually and be based on the response of the patient to the previous injection with regard to clinically relevant sustained reductions in pain, decreased need for medication and improvement in the patient’s functional abilities.

4. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding epidural steroid injections and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.

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Mamourian AC, Dickman CA, Drayer BP, Sonntag VK. Spinal epidural abscess: Three cases following spinal epidural injection demonstrated with magnetic resonance imaging. *Anesthesiology* 1993; 78:204-207.


- Waldman SD. The caudal epidural administration of steroids in combination with local anesthetics in the palliation of pain secondary to radiographically documented lumbar herniated disc: A prospective outcome study with 6-months follow-up. *Pain Clinic* 1998; 11:43-49.


### 4.2. Related Triad Medical Policies:

• *TMMP 18 – Medical Necessity*
5. Attachments

5.1. *Provider Manual*

Table of Revisions

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