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** (ESI) 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. **Selective Nerve Root Block (SNRB)** refers to injection of contrast (absent allergy to contrast) followed by the introduction of a local anesthetic by inserting a needle into the neuroforamen under fluoroscopic guidance, ventral to the nerve root. SNRBs are commonly referred to as Transforaminal ESI, although technically SNRBs involve the introduction of anesthetic only and are used for diagnostic purposes.

2.3. **Interlaminar epidural steroid injection** (ESI) 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.

2.4. **Caudal epidural steroid injection** (ESI) 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.

2.5. **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 the spinal nerve distribution; and

- Associated clinical findings such as loss of related reflexes, muscle weakness and/or atrophy of muscle groups in the related myotomes, altered sensation in the corresponding dermatome(s) or positive nerve root tension signs (straight leg raise,
femoral nerve stretch test, brachial plexus tension tests) resulting in provocation of radicular pain.

2.6. Radiculopathy must be documented by physical examination and should be corroborated with imaging studies and/or electrodiagnostic testing if performed. 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.

2.7. **Spinal stenosis** refers to the narrowing of the spinal canal usually due to spinal degeneration that occurs with aging. It may also be the result of spinal disc herniation, osteoarthritis or a tumor. Lumbar spinal stenosis results in low back pain as well as pain or abnormal sensations in the legs, thighs, feet or buttocks, or loss of bladder and bowel control. Neurogenic claudication is often a clinical condition that results from spinal stenosis.

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. The use of an indwelling catheter to administer a continuous infusion/intermittent bolus should be limited to use in a hospital setting only. It is inappropriate to represent the use of a catheter for single episode injection(s) that are commonly performed in an outpatient setting as an indwelling catheter for continuous infusion/intermittent bolus.

3.4. **Diagnostic Selective Nerve Root Block:**

3.4.1 A diagnostic selective nerve root block (SNRB) may be considered medically necessary when attempting to establish the diagnosis of radiculopathy in patients with symptoms suggestive of radiculopathy when the diagnosis remains uncertain. 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.

3.4.2. 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 (1) week between injections.

3.4.3. When performing transforaminal blocks (SNRB), no more than two (2) nerve root levels should be injected during the same session/procedure.

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

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

3.5.1. 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 [four (4) week minimum] of conservative treatment (exercise, physical methods including physical therapy and/or chiropractic care, NSAID’s and/or muscle relaxants).

3.5.2. 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.

3.5.3. To avoid coming to an improper diagnosis or providing unnecessary treatment, the performance of epidural steroid injections in the same region as other spinal injections is **not medically necessary** on the same day of service. 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**.

3.5.4. The use of epidural steroid injections **may be considered medically necessary as an initial trial** in a carefully selected group of patients with evidence of severe spinal stenosis who fulfill the following criteria:

- The patient has received an adequate diagnostic evaluation to rule out all other potential causes of pain; and

- The patient has undergone an MRI or a CT scan with or without myelography within the past six (6) months which demonstrates severe spinal stenosis at the level to be treatment; and

- The patient demonstrates significant functional limitations resulting in diminished quality of life and impaired, age-appropriate activities of daily living; and

- The patient has failed to respond to a reasonable course [four (4) week minimum] of conservative treatment (exercise, physical methods including physical therapy and/or chiropractic care, NSAIDs and/or muscle relaxants).

3.6. 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.

3.7. Repeat epidural steroid injections may be considered not medically necessary when there has not been at least 50% pain relief, documented increase in the patient’s level of function (i.e., return to work), or documented reduction in the use of pain medication and/or additional medical services such as physical therapy/chiropractic care for a minimum of two (2) weeks.

3.8. No more than three (3) epidural steroid injections should be performed per episode of pain and no more than four (4) injections per region per year.

3.9. 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.


• Blankenbaker D, De Smet A, Stanczak J, Fine J. Lumbar radiculopathy: treatment with selective lumbar nerve blocks–comparison of effectiveness of


- Dashfield A, Taylor M, Cleaver J, Farrow D. Comparison of caudal steroid epidural with targeted steroid placement during spinal endoscopy for chronic
|---|


- Mamourian A, Dickman C, Drayer B, Sonntag V. Spinal epidural abscess: Three cases following spinal epidural injection demonstrated with magnetic resonance imaging. *Anesthesiology* 1993; 78:204-207.


• Waldman S. 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

CPT Codes
This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>62310</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic</td>
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<tr>
<td>62311</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar, sacral (caudal)</td>
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<tr>
<td>62318</td>
<td>Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic</td>
</tr>
<tr>
<td>62319</td>
<td>Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)</td>
</tr>
<tr>
<td>64479</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural; with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level</td>
</tr>
<tr>
<td>64480</td>
<td>Injection(s), anesthetic agent and/or transforaminal epidural with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>64483</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level</td>
</tr>
<tr>
<td>64484</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)</td>
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</tbody>
</table>
This list may not be all inclusive and is not intended to be used for coding/billing purposes.

Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/07/2015</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.4.2., last sentence changed from “there should be an interval of at least one to two (1 to 2) weeks between injections” to “there should be an interval of at least one (1) week between injections.” §3.7. “…such as physical therapy/chiropractic care for a minimum of two (2) to four (4) weeks” was changed to “…such as physical therapy/chiropractic care for a minimum of two (2) weeks. Other cosmetic changes completed by Corporate Document Controls &amp; Mgmt.</td>
</tr>
<tr>
<td>10/11/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Previous §3.1. reference to Centers for Medicare &amp; Medicaid Services (CMS) removed. §3.4. &quot;The use of an indwelling catheter…” added. Previous §3.5.3. &quot;to avoid coming to an improper diagnosis or providing unnecessary treatment…” revised and added to §3.5.2. All CPT Codes descriptions updated with 62318 and 62319 included as new additions.</td>
</tr>
<tr>
<td>11/16/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §2.1 removed ‘(a.k.a. Selective Nerve Root Block)’. Added new §2.2 to include definition of Selective Nerve Root Block. New §2.6 added ‘if performed’ to the end of the 1st sentence. New §2.7 removed ‘(which results in compression of the spinal cord and nerves)’ from the 1st sentence; added last sentence ‘Neurogenic claudication is often a clinical condition that results from spinal stenosis’. §3.3 removed ‘Epidural Steroid Injection’.</td>
</tr>
<tr>
<td>07/25/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Section 2.4 &amp; 3.6 added to policy. Wording added to section 3.6, “…for a minimum of two (2) to four (4) weeks.” And section 3.7 “… (3) epidural…”</td>
</tr>
<tr>
<td>08/16/2010</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>
Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.