

Spinal Pain Injections

Date of Origin: 01/2013

Last Review Date: 06/23/2021

Effective Date: 07/01/2021

Dates Reviewed: 11/2013, 04/2015, 02/2016, 02/2017, 09/2017, 06/2018, 02/2019, 06/2019, 10/2019, 02/2020, 06/2020, 06/2021

Developed By: Medical Necessity Criteria Committee

I. Description

Low back pain is a common complaint that affects 84% of adults at some point in their lives. Most non-specific low back pain without specific disease or spinal pathology, improves within the first month. Further improvement may occur over the next three months. A small percentage of patients do not improve within the above time frame and require additional treatment and intervention.

Multiple treatment options are available for chronic back pain. These fall into three groups, non-interventional (including pharmacologic treatment), non-surgical interventional treatment, and surgical treatment. The non-surgical interventional treatments include facet joint blocks, medial branch blocks, epidural steroid injections, sacroiliac joint blocks, trigger point injections, and non-pulsed radiofrequency denervation.

Interventional diagnostic procedures involve the injection of dye or anesthetic agent to determine if further interventional treatment or surgery is necessary. There is very little evidence to support the use of facet joint blocks, nerve root blocks or sacroiliac joint blocks as a method for determining the source of back pain or guiding treatment. There is no “gold” standard. However, physicians have performed these procedures and consider them the standard of care in certain cases.

II. Criteria

- A. **Epidural steroid injections (ESI) (CWQI HCS-0087)** are medically necessary for spinal pain (*cervical, thoracic, or lumbar*) when **ALL** of the following are met:
- a. Patient has failed to improve after a total of 6 or more weeks of conservative therapy with **ALL** of the following:
 - i. Physical therapy (*or documentation of why the patient could not tolerate physical therapy*), chiropractic or prescribed home exercise program
 - ii. Systemic analgesics and/or NSAIDs/muscle relaxants unless contraindicated or not tolerated
 - iii. Activity modification
 - b. Imaging studies (MRI or CT) confirm there is no evidence of tumor or other space occupying lesion as the cause of pain.
 - c. The patient has associated physical exam findings consistent with radicular pain (e.g. positive straight leg raising test, pain radiating down leg, diminished or absent reflex, weakness, pain radiating to arm or hand)

- d. The patient does not have non-specific neck, thoracic or low back pain and/or failed back (cervical, thoracic or lumbar) syndrome
- e. No more than two (2) levels are planned to be injected during the same session for transforaminal epidural injections
- f. Epidural steroid injections with ultrasound guidance are **NOT** covered for any indication

B. Continued Epidural steroid therapeutic injections are covered if **All of the following criteria are met:**

- a. A maximum of four therapeutic injections in a twelve-month period
- b. The preceding injection(s) resulted in more than 50% relief for at least 6 weeks.
- c. Patient is participating in an active rehabilitation program (*i.e., home exercise, functional restoration program of PT, chiro, etc.*)
- d. Increase in the patient's level of function (*i.e. return to work*)
- e. Reduction in use of pain medication or medical services (*i.e. PT, chiro, etc.*) for at least 4 weeks

C. Facet joint injections and medial branch blocks (CWQI HCS-0085) are medically necessary for neck or back pain when facet joint syndrome is suspected, and the request is for **1 or more of the following:**

- a. **Diagnostic facet injections CWQI HCS-0085** are indicated with **ALL** of the following:
 - i. There is no untreated radicular pain
 - ii. The patient has had no prior spinal fusion in the vertebral level being treated
 - iii. Patient has failed to improve after a total of 4 or more weeks of conservative therapy including **ALL** of the following:
 - 1. Physical therapy (*or documentation of why the patient could not tolerate physical therapy*), chiropractic or prescribed home exercise program
 - 2. Systemic analgesics and/or NSAIDs/muscle relaxants unless contraindicated or not tolerated
 - 3. Activity modification
 - iv. Pain is exacerbated by extension and rotation, lateral bending of the spine, and not associated with neurological deficits
 - v. Clinical findings and imaging studies suggest no other obvious cause of the pain (e.g., spinal stenosis, disc degeneration or herniation, infection, tumor, fracture, etc.)
 - vi. No more than 3 levels of facet joint injections per side, per region will be injected per session
- b. **Therapeutic or repeat diagnostic facet joint injections CWQI HCS-0085** are medically necessary with **ALL** of the following:
 - i. Diagnostic facet injections of two series of injections no sooner than one week apart showed **1 or more** of the following:
 - 1. A beneficial clinical response to an intra-articular facet injection or medial branch block performed with a local anesthetic with greater than 80% pain relief reported for the duration of the effect of the local anesthetic when **NO** corticosteroids are added to the injectate.

2. A beneficial clinical response to an intra-articular facet joint injection or medial branch block performed with a local anesthetic AND a corticosteroid with at least a 50% reduction in pain for at least two (2) weeks.
- ii. There is no untreated radicular pain
- iii. The patient has had no prior spinal fusion in the vertebral level being treated
- iv. The patient has tried and failed 4 or more weeks of conservative treatment which includes **ALL** of the following:
 1. Systemic analgesics and/or NSAIDs, muscle relaxants unless contraindicated or not tolerated
 2. Physical therapy (*or documentation of why the patient could not tolerate physical therapy*), chiropractic or prescribed home exercise program
 3. Activity modification
- v. Pain is exacerbated by extension and rotation, lateral bending of the spine, and not associated with neurological deficits
- vi. Clinical findings and imaging studies suggest no other obvious cause of the pain (e.g., spinal stenosis, disc degeneration or herniation, infection, tumor, fracture, etc.)
- vii. Patient is participating in an active rehabilitation program (*i.e., home exercise, functional restoration program of PT, chiro, etc.*)
- viii. Increase in the patient's level of function (*i.e. return to work*) (*Therapeutic*)
- ix. Reduction in use of pain medication or medical services (*i.e. PT, chiro, etc.*) for at least 4 weeks (*Therapeutic*)
- x. No more than 3 levels of facet joint injections per side, per region will be injected per session

D. **Sacroiliac Joint Injections (SI) (CWQI HCS-0088)** are considered medically necessary for patients who meet **ALL** of the following:

- a. The patient has chronic low back pain below the level of L5 present for at least 3 months
- b. Physical exam includes provocative testing (testing that reproduces the pain):
- c. Negative neurological examination for radicular symptoms
- d. Patient has failed to improve after a total of 4 or more weeks of conservative therapy with **ALL** of the following:
 - i. Physical therapy (*or documentation of why the patient could not tolerate physical therapy*), chiropractic or prescribed home exercise program
 - ii. Systemic analgesics and/or NSAIDs/muscle relaxants unless contraindicated or not tolerated
 - iii. Activity modification

E. **Repeat Sacroiliac Joint Injections** are considered medically necessary for patient who meet **ALL** of the following:

- a. Patient experiences at least 50% relief from the first injection
- b. Patient is participating in an active rehabilitation program (*e.g. home exercise, functional restoration program of PT, chiro, etc.*)
- c. Increase in the patient's level of function (*e.g. return to work*)
- d. Reduction in use of pain medication or medical services (*e.g. PT, chiro, etc.*) for at least 4 weeks

- F. Moda Health considers the following procedures or injections experimental or investigational
 - a. Intracept system/procedure for the treatment of low back pain

III. Information submitted with the Prior Authorization Request

1. Provider chart notes with documentation of conservative therapy including physical therapy notes
2. Diagnostic imaging reports
3. Procedure notes and documented therapeutic response

IV. Applicable CPT or HCPC codes

| Codes | Description |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed |
| 62320 | Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic, WITHOUT IMAGING GUIDANCE (previous code – 62310) |
| 62321 | Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic, WITH IMAGING GUIDANCE (i.e. fluoroscopy or CT) |
| 62322 | Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal), WITHOUT IMAGING GUIDANCE (previous code 62311) |
| 62323 | Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal), WITH IMAGING GUIDANCE (i.e fluoroscopy or CT) |
| 64479 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural; with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level |
| 64480 | 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) |
| 64483 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level |
| 64484 | 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) |
| 64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level |

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| 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure) |
| 64492 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) |
| 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level |
| 64494 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure) |
| 64495 | facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) |
| G0259 | Injection procedure for sacroiliac joint; arthrography |
| G0260 | Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography |

Not covered:

| Codes | Description |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0228T | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level |
| 0229T | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure) |
| 0230T | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level |
| 0231T | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure) |
| 64451 | Injection(s), anesthetic agent(s) and /or steroid; nerves innervating the sacroiliac joint, with image guidance (i.e fluoroscopy or computed tomography) |

V. Annual Review History

| Review Date | Revisions | Effective Date |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 02/2013 | New criteria | 05/1/2013 |
| 11/2013 | Annual review: Separated facet injections to include diagnostic and therapeutic. Removed section for RF ablation – will use MCG CWQI guideline | 11/27/2013 |
| 03/2014 | Revised wording for epidural steroid injections – changed to spinal pain –removed E/I for all other indications, changed title to Spinal Pain Injections | 04/03/2014 |
| 04/2015 | Annual Review: Revised I.c to include exam finding c/w radicular pain. | 04/25/2015 |
| 02/2016 | Annual Review: Added definition of spinal pain to include neck or thoracic, added radiating leg pain | 02/24/2016 |
| 02/2017 | Annual Review: Added new codes for 2017 and identified the old deleted codes as of 1/1/17, updated to new template and revised criteria statement for conservative treatment. | 02/23/2017 |
| 06/2018 | Annual Review – added cervical to criteria | 06/27/2018 |
| 02/2019 | Annual Review: Revised wording to clarify “untreated” radicular pain. Revised wording to require “provocative” testing. | 03/01/2019 |
| 06/2019 | Annual Review: No changes | 07/01/2019 |
| 10/2019 | Update: Added wording “therapeutic” to indicate therapeutic facet joint injections requirements | 10/18/2019 |
| 02/2020 | Updated “intracept system procedure” considered Experimental and investigational | 02/19/2020 |
| 06/2020 | Annual Review: Guideline updated to indicate a total of 4 or more weeks of failed conservative therapy. Added CPT code 64451 as not covered. Removed trigger point injections guidelines, currently not being reviewed. | 07/01/2020 |
| 06/2021 | Annual Review: No content change | 07/01/2021 |

VI. References

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2. American Academy of Neurology (AAN) Website. Assessment: use of epidural steroid injections to treat radicular lumbosacral pain: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. 2007. Available at: <http://www.aan.com>. Accessed August 10, 2012.
3. Pinto RZ, Maher CG, Ferreira ML, et al. Epidural corticosteroid injections in the management of sciatica: A systematic review and meta-analysis. *Ann Intern Med* 2012.

4. Carette S, Leclaire R, Marcoux S, et al. Epidural corticosteroid injections for sciatica due to herniated nucleus pulposus. N Engl J Med 1997; 336:1634.
5. Wilson-MacDonald J, Burt G, Griffin D, Glynn C. Epidural steroid injection for nerve root compression. A randomised, controlled trial. J Bone Joint Surg Br 2005; 87:352.
6. Carette S, Marcoux S, Truchon R, et al. A controlled trial of corticosteroid injections into facet joints for chronic low back pain. N Engl J Med 1991; 325:1002.
7. Physician Advisors

Appendix 1 – Applicable Diagnosis Codes

| Codes | Description |
|---------|------------------------------------------------------------|
| G54.1 | Lumbosacral plexus disorders |
| G54.4 | Lumbosacral root disorders, not elsewhere classified |
| G57.00 | Lesion of sciatic nerve, unspecified lower limb |
| G57.01 | Lesion of sciatic nerve, right lower limb |
| G57.02 | Lesion of sciatic nerve, left lower limb |
| G57.70 | Causalgia of unspecified lower limb |
| G57.71 | Causalgia of right lower limb |
| G57.72 | Causalgia of left lower limb |
| G57.80 | Other specified mononeuropathies of unspecified lower limb |
| G57.81 | Other specified mononeuropathies of right lower limb |
| G57.82 | Other specified mononeuropathies of left lower limb |
| G57.90 | Unspecified mononeuropathy of unspecified lower limb |
| G57.91 | Unspecified mononeuropathy of right lower limb |
| G57.92 | Unspecified mononeuropathy of left lower limb |
| G58.8 | Other specified mononeuropathies |
| G58.9 | Mononeuropathy, unspecified |
| G59 | Mononeuropathy in diseases classified elsewhere |
| G90.50 | Complex regional pain syndrome I, unspecified |
| G90.521 | Complex regional pain syndrome I of right lower limb |
| G90.522 | Complex regional pain syndrome I of left lower limb |
| G90.523 | Complex regional pain syndrome I of lower limb, bilateral |
| G90.529 | Complex regional pain syndrome I of unspecified lower limb |
| G90.59 | Complex regional pain syndrome I of other specified site |
| M43.00 | Spondylolysis, site unspecified |
| M43.01 | Spondylolysis, occipito-atlanto-axial region |
| M43.02 | Spondylolysis, cervical region |
| M43.03 | Spondylolysis, cervicothoracic region |
| M43.04 | Spondylolysis, thoracic region |
| M43.05 | Spondylolysis, thoracolumbar region |
| M43.06 | Spondylolysis, lumbar region |
| M43.07 | Spondylolysis, lumbosacral region |
| M43.08 | Spondylolysis, sacral and sacrococcygeal region |

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| M43.09 | Spondylolysis, multiple sites in spine |
| M43.10 | Spondylolisthesis, site unspecified |
| M43.11 | Spondylolisthesis, occipito-atlanto-axial region |
| M43.12 | Spondylolisthesis, cervical region |
| M43.13 | Spondylolisthesis, cervicothoracic region |
| M43.14 | Spondylolisthesis, thoracic region |
| M43.15 | Spondylolisthesis, thoracolumbar region |
| M43.16 | Spondylolisthesis, lumbar region |
| M43.17 | Spondylolisthesis, lumbosacral region |
| M43.18 | Spondylolisthesis, sacral and sacrococcygeal region |
| M43.19 | Spondylolisthesis, multiple sites in spine |
| M43.27 | Fusion of spine, lumbosacral region |
| M43.28 | Fusion of spine, sacral and sacrococcygeal region |
| M47.16 | Other spondylosis with myelopathy, lumbar region |
| M47.26 | Other spondylosis with radiculopathy, lumbar region |
| M47.27 | Other spondylosis with radiculopathy, lumbosacral region |
| M47.28 | Other spondylosis with radiculopathy, sacral and sacrococcygeal region |
| M47.16 | Other spondylosis with myelopathy, lumbar region |
| M47.26 | Other spondylosis with radiculopathy, lumbar region |
| M47.27 | Other spondylosis with radiculopathy, lumbosacral region |
| M47.28 | Other spondylosis with radiculopathy, sacral and sacrococcygeal region |
| M47.816 | Spondylosis without myelopathy or radiculopathy, lumbar region |
| M47.817 | Spondylosis without myelopathy or radiculopathy, lumbosacral region |
| M47.818 | Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region |
| M47.896 | Other spondylosis, lumbar region |
| M47.897 | Other spondylosis, lumbosacral region |
| M47.898 | Other spondylosis, sacral and sacrococcygeal region |
| M48.00 | Spinal Stenosis, site unspecified |
| M48.06 | Spinal stenosis, lumbar region |
| M48.07 | Spinal stenosis, lumbosacral region |
| M48.08 | Spinal stenosis, sacral and sacrococcygeal region |
| M51.06 | Intervertebral disc disorders with myelopathy, lumbar region |
| M51.14 | Intervertebral disc disorders with radiculopathy, thoracic region |
| M51.15 | Intervertebral disc disorders with radiculopathy, thoracolumbar region |
| M51.16 | Intervertebral disc disorders with radiculopathy, lumbar region |
| M51.17 | Intervertebral disc disorders with radiculopathy, lumbosacral region |
| M51.26 | Other intervertebral disc displacement, lumbar region |
| M51.27 | Other intervertebral disc displacement, lumbosacral region |
| M51.34 | Other intervertebral disc degeneration, thoracic region |
| M51.35 | Other intervertebral disc degeneration, thoracolumbar region |
| M51.36 | Other intervertebral disc degeneration, lumbar region |
| M51.37 | Other intervertebral disc degeneration, lumbosacral region |
| M51.46 | Schmorl's nodes, lumbar region |
| M51.47 | Schmorl's nodes, lumbosacral region |

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| M51.9 | Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder |
| M53.2X7 | Spinal instabilities, lumbosacral region |
| M53.2X8 | Spinal instabilities, sacral and sacrococcygeal region |
| M53.3 | Sacrococcygeal disorders, not elsewhere classified |
| M53.86 | Other specified dorsopathies, lumbar region |
| M53.87 | Other specified dorsopathies, lumbosacral region |
| M53.88 | Other specified dorsopathies, sacral and sacrococcygeal region |
| M54.14 | Radiculopathy, thoracic region |
| M54.15 | Radiculopathy, thoracolumbar region |
| M54.16 | Radiculopathy, lumbar region |
| M54.17 | Radiculopathy, lumbosacral region |
| M54.30 | Sciatica, unspecified side |
| M54.31 | Sciatica, right side |
| M54.32 | Sciatica, left side |

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

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|------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Jurisdiction(s): F | NCD/LCD Document (s): L34980; L34995 |
| Noridian LCD: Lumbar Epidural Injections (L34980) | |
| Noridian LCD: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy | |

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| NCD/LCD Document (s): |
| https://med.noridianmedicare.com/documents/10546/6990983/Lumbar+Epidural+Injections+LCD/94857d4f-58ca-47d6-979a-5131d8dc866c |
| https://med.noridianmedicare.com/documents/10546/6990983/Lumbar+Epidural+Injections+LCD/94857d4f-58ca-47d6-979a-5131d8dc866c |

| Medicare Part B Administrative Contractor (MAC) Jurisdictions | | |
|----------------------------------------------------------------------|----------------------------------------|------------------------------------|
| Jurisdiction | Applicable State/US Territory | Contractor |
| F (2 & 3) | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |