

## Spinal Pain Injections

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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 an 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 considered 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 (*e.g. home exercise, functional restoration program of PT, chiro, etc.*)
- d. Increase in the patient's level of function (*e.g. activities of daily living, return to work*)
- e. Reduction in use of pain medication or medical services (*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
- vii. More than 2 facet injections or medial branch blocks at the same level are considered therapeutic rather than diagnostic

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 (*e.g. return to work*) (*Therapeutic*)
  - ix. Reduction in use of pain medication or medical services (*e.g. 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) using at least 3 of the following provocative tests:
  - i. Sacral thrust or Yeoman's test
  - ii. Gaenslen's test
  - iii. Sacroiliac joint compression test
  - iv. Thigh thrust or posterior pelvic pain provocation test
  - v. Distraction or "Gapping" or FABER/Patrick's test
- 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. Ongoing, active participation in rehabilitative/therapeutic exercise program

- 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
  - e. No more than four injections per SI joint are performed within a 12 month period
- 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
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 “intrasept 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
05/2022	Annual Review: Grammar update	06/01/2022
05/2023	Annual Review: Updates to align with eviCore-listed the provocative tests; updated activity modification language; added language- No more than four injections per SI joint are performed within a 12-month period	06/01/2023

## VI. References

1. Manchikanti L, Boswell MV, Singh V, Benyamin RM, Fellows B, Abdi S, Buenaventura RM, Conn A, Datta S, Derby R, Falco FJ, Erhart S, Diwan S, Hayek SM, Helm S, Parr AT, Schultz DM, Smith HS, Wolfer LR, Hirsch JA. Comprehensive evidence-based guidelines for interventional techniques in the management of chronic spinal pain. *Pain Physician* 2009 Jul-Aug;12(4):699-802.
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
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
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):

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

<b>NCD/LCD Document (s):</b>
<a href="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</a>
<a href="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</a>

**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