



INLAND EMPIRE HEALTH PLAN

**IEHP UM Subcommittee Approved Authorization Guidelines**  
*Necessity of Myelography During Epidurals*  
*Under Fluoroscopic Guidance*

**Policy:**

There is a lack of evidence for the benefit of ultrasound guided epidural injections under fluoroscopic guidance. Also, there is an absence of guidelines recommending ultrasound guided epidural injections, in addition to or in place of, fluoroscopic guidance. Therefore, myelography during epidurals under fluoroscopic guidance is considered not medically necessary.

The below documentation, along with an opinion from Dr. Michael Krane, Radiologist, and Medical Director of RADNET, who concurred with the above opinion that Myelography is not indicated unless there are specific underlying areas of concern.

The reviewer did not feel that myelography is indicated as part of the epidural under fluoroscopic guidance, unless there is some overriding reason. These may include multilevel disease, or a case in which the specific area related to the symptomatology is unclear.

More specifically, in almost all cases, the Member will have had a radiologic exam, such as an MRI or CT, prior to the procedure, to clarify any underlying disease process, such as herniated disk or facet changes.

If it becomes necessary to inject a small amount of dye during the procedure, it should be considered part of the epidural procedure, and not unbundled as a separate cost.

**Medicare:**

Real-time imaging guidance, fluoroscopy or computed tomography, with the use of injectable radio-opaque contrast material is required for all steroid injections and all transforaminal injections. Its use is urged but not required for other epidural injections.

**Cigna:**

Fluoroscopic or computed tomography guidance is used with other types of injections used to diagnose and treat back and neck pain (e.g., epidural steroid injections).

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There are no published studies in the medical literature that compare the use of ultrasound guidance for epidural steroid, facet joint, or sacroiliac joint injections, compared to the current standard, fluoroscopic guidance. There is sufficient evidence in the published medical literature to demonstrate the safety, efficacy, and long-term outcomes of ultrasound guidance for injection therapy.

#### **Ecri:**

ESIs can be performed under fluoroscopic or other imaging guidance to document appropriate placement of the needle, although use of imaging is not currently a standard of care.

#### **Apollo:**

“Transforaminal epidural injection is one of the main modalities utilized in the management of acute and chronic pain. It has both diagnostic and therapeutic applications. The technique requires placement of the tip of the injecting needle into the epidural space through the intervertebral foramen requiring separate needle insertions at several unilateral spinal levels which requires fluoroscopic imaging, and injection of an appropriate agent, achieving a selective reproducible blockage of a specific nerve root.

#### **American Journal of Neuroradiology:**

Although unlikely to widely supplant fluoroscopic control because of availability and cost, CTF can be considered a viable alternate means of guidance during lumbar epidurals injections.

**Effective Date:** *October 20, 2005*

**Reviewed Annually:** *November 11, 2015*

<b>Revised:</b>
August 13, 2014

#### **Bibliography:**

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