



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Pain Management–Interventional Treatment/Diagnostic Procedures	<b>Guideline #</b>	UM_PA1 01
		<b>Original Effective Date</b>	8/10/11
<b>Section</b>	Pain Management	<b>Revision Date</b>	2/14/18

### COVERAGE POLICY

This guideline describes indications and requirements for approvals of the following:

- Interventional pain management treatment and diagnostic procedures
- Epidural steroid injections: laminar or transforaminal
- Facet joint injection/medical branch nerve block
- Nerve block
- Trigger point injection
- Sacroiliac joint injection

### Interventional Pain Management Treatment and Diagnostic Procedures

IEHP considers interventional pain management treatment / diagnostic procedures medically necessary for the treatment of pain when the following INITIAL criteria, A, B, C, D and E are met. Patients who have undergone surgery (e.g., laminectomy, fusion, hardware placement) may forego INITIAL criteria (i.e. physical therapy, MRI, and other conservative measures).

- A. A thorough history and detailed physical exam should be documented to emphasize the type of pain, severity, exacerbating factors including position as well as contributing psychological disorders.
- B. The Member has a pain level greater than 3 out of 10 intensity (moderate to severe pain) based on a Numeric Pain Rating Scale (NPRS).
- C. The Member has tried and failed three (3) months of using several classes of medications (NSAIDS, acetaminophen, muscle relaxants, etc.).
- D. The Member has tried and failed four (4) weeks of physical therapy. Treatment with physical rehabilitation modalities must target the anatomic area of pain being considered for interventional pain management treatment / diagnostic procedures. Other alternative treatments (when they are covered) may also be considered if standard conservative treatments are NOT TOLERATED.
- E. For epidural injections, medial branch nerve blocks and sacroiliac injections, intraspinal tumor or other space-occupying lesion or non-spinal origins of pain have been ruled out as the cause of pain by neurodiagnostic imaging and /or testing with an Electromyogram (EMG) or Nerve Conduction Study (NCS).
- F. NOTE: Patients who have undergone surgery (e.g., laminectomy, fusion, hardware placement) may forego INITIAL criteria (i.e. physical therapy, MRI, and other conservative measures).
- G. The following criteria are applicable to all interventions described in this guideline.
  1. Providers are expected to provide only one interventional pain management diagnostic modality, treatment, or procedure per treatment or diagnostic period.

2. Multiple modalities should not be performed on the same spinal region on the same day.
3. Pain should be reduced by one modality by at least 50%, but not lesser than 3/10 in intensity.
4. A maximum combination of six (6) interventional pain management procedure sessions may be performed per region (cervical, thoracic or lumbar) in a 12 month period.
  - a. Cases exceeding 6 sessions in a 12 month period will be reviewed for medical necessity with possible redirection to another pain management specialist, multidisciplinary team of specialists, or Center of Excellence.
5. Fluoroscopy is the expected imaging modality for medial branch blocks/facet joint injections, epidural injection procedures, and sacroiliac joint injections . It is already considered a bundled service as part of approvals for doing the procedures and should not be billed separately.
  - a. Myelography, epidurography or any other imaging modalities submitted on the same pre-service request, separate requests or in conjunction with pain management procedures is not medically necessary and not recommended.
6. Non-FDA approved medications are not considered standard medical treatment and will be denied.
7. Requests for a modality which fails to show efficacy will be denied.

### **Epidural Steroid Injection: Laminar or Transforaminal**

#### **A. Indications:**

1. Corticosteroid preparations (e.g., Depo-Medrol), with or without added anesthetic agents, are considered medically necessary in the outpatient setting for management of persons with radiculopathy or sciatica.
2. Laminar injections are indicated when physical exam findings are consistent with the complaints of nonspecific radicular pain.
3. Transforaminal injections are indicated when physical exam findings are consistent with radicular pain from *specific* nerve-root involvement (i.e. neurologic, neuropathic, and radicular pain follows a dermatomal pattern along the extremity pertinent to the level of the suspected / affected nerve root).

#### **B. Limitations for steroid injections:**

1. A maximum of two (2) sessions (1 diagnostic, 1 therapeutic) may be approved initially (to begin treatment)
2. Sessions should be performed at least 7 days apart
3. Repeat or maintenance procedures (sessions beyond the initial two)
  - a. When pain rises above the 3/10 or previously-achieved 50% reduction score, a repeat injection session is considered medically necessary after two months.
  - b. The maximum number of repeat procedure sessions approved per authorization is one (1).
  - c. Once an epidural injection modality has proven effective, there is no medically justifiable reason for requesting another modality.
    - i. One (1) laminar epidural injection is allowed during any one session (diagnostic, therapeutic, or subsequent session).
    - ii. Two (2) transforaminal epidural steroid injections (a single level bilaterally or two levels unilaterally) are allowed during any one session (diagnostic, therapeutic, or subsequent sessions).

- iii. A maximum of three (3) sessions of epidural steroid injections are allowed in a six (6) month period in a given anatomic (cervical, thoracic, lumbar) region of the spine.
- iv. Different modalities (translaminar, laminar, caudal epidural injections) are not allowed to be done in combination during the same session.
- v. Repeat injections extending beyond 12 months may be reviewed for continued medical necessity.

### **Facet Joint Injection (FJI's) / Medial Branch Nerve Block (MBB's)**

#### A. Indications:

- 1. MBB's are a method to diagnose and/or treat axial (spine) pain caused by the facet joints of the spine typically when there is *no radicular component* and when there is *no associated neurologic deficit*.
- 2. Pain should be characterized in physical exam and diagnostic findings as an aggravation by hyperextension of the spine, standing and walking and/or positive facet loading test (axial pain).
- 3. MBB's can be used diagnostically to evaluate a member for radiofrequency ablation.
- 4. MRI should show facet arthropathy with minimal changes or degeneration of the facet joints, neuroforaminae, central canal and vertebral discs.

#### B. Limitations for facet joint injections/MBB's:

- 1. A maximum of two (2) initial procedure sessions may be approved per initial referral request.
  - a. These two sessions consist of a diagnostic and confirmatory injections. A maximum of six (6) separate **joints** may be treated with medial branch nerve block injections during any one session.
- 2. Medial branch block sessions should be at least 7 days apart.
- 3. A maximum of one (1) repeat MBB or FJI procedure session is allowed per authorization request.
- 4. Injections may be repeated if greater than 50% pain relief or less than 3/10 pain level is achieved for at least 3 months.

#### C. One anatomic region of the spine (cervical, thoracic, lumbar, or sacral) is allowed to be injected per diagnostic procedure. The provider may proceed to medial branch nerve blocks in another spinal region only after blocks of the region currently under evaluation have been completed.

### **Nerve Block**

#### A. Indications

- 1. A primary or adjunctive form of anesthesia following surgical procedures for the management of post-operative pain.
- 2. Femoral nerve blocks may be used for acute post-operative pain after knee replacement surgery.
- 3. Intercostal nerve blocks may be used for acute intercostal pain and for chronic intercostal neuritis.
- 4. For all other nerve blocks other than described in K.2.d not discussed in the criteria, a diagnostic trial of nerve block may be considered.

#### B. Limitations for nerve block:

- 1. A maximum of three (3) injections per specific site is approved per authorization.
- 2. Nerve block injections should be at least 7 days apart.

3. A maximum of three (3) injections is approved per 6 month period.
4. The following nerve blocks are considered experimental and are not covered as efficacy has not been established. This list is not all inclusive.
  - a. Greater occipital nerve blocks
  - b. Ganglion impar block
  - c. Psoas compartment block for lumbar radiculopathy or myositis ossification
  - d. Paravertebral block for treatment of chronic pain (American Society of Anesthesiologists, 2010)

### **Trigger Point Injection**

#### **A. Indications:**

1. Trigger point injections of corticosteroids and/or local anesthetics are considered medically necessary for treating chronic neck and back pain or myofascial pain syndrome that has persisted for more than 3 months AND when trigger points have been identified by palpation.
  - a. A trigger point is defined as a specific point or area where a painful response is elicited if stimulated by touch or pressure.
  - b. A set of trigger injections are injections into one or more trigger points in one session.
2. Trigger point injections are considered investigational and experimental for all other indications.

#### **B. Limitations for trigger point injections:**

1. A maximum of three (3) sessions may be approved per authorization request.
2. A maximum of three (3) sessions will be approved in a three month period.
3. Repeat injections are not medically necessary if pain level is 3/10 or less.
4. Repeat trigger point injection sessions are not medically necessary if no clinical response is achieved (i.e., at least a 50% decrease in pain levels or pain level of 3/10 or less) after 2 consecutive sessions.
5. Trigger point injections sessions should be at least 7 days apart.

### **Sacroiliac (SI) Joint Injection**

#### **A. Indications when ALL of the following criteria are met:**

1. Member has moderate-severe, non-radicular low back pain for more than 3 months which is specifically demonstrated to be primarily due to SI joint dysfunction via a clinical history which is consistent with SI joint dysfunction.
2. Diagnostic evaluation must first address and rule out other possible pain generators.
  - a. Referred pain to the SI joints from lumbar facet disease, herniated lumbar discs, central canal or neural foraminal narrowing in the lumbar spine, space occupying lesions or infections of the lumbar spine, or lumbar spine trauma, should first be ruled out with imaging studies (CT/MRI) and or EMG/NCS.
3. Referred pain from the lumbar spine should be addressed and treated first prior to proceeding with SI injections
4. SI joint injections for all other indications are considered experimental and investigational and are not covered.

#### **B. Limitations for SI injections:**

1. A maximum of two (2) initial procedure sessions may be approved per initial referral.

- a. These two sessions consist of a diagnostic and confirmatory (therapeutic) set of injections.
1. Each SI joint injection session should be at least 7 days apart.
2. Repeat SI joint injections beyond the initial two sessions are not considered medically necessary unless at least 50% pain relief is obtained for at least 6 weeks, but should not be repeated more frequently than at least every 2 months
  - a. A maximum of six (6) additional therapeutic sessions may be performed in a 12 month period.
  - b. Repeat SI joint injections extending beyond 12 months may be reviewed for continued medical necessity.
3. A maximum of two (2) SI joint injections (e.g., a single level bilaterally) are allowed during one session.
4. Imaging studies of the SI joint are not considered to be useful in the diagnosis of SI joint dysfunction. However, imaging studies of the lumbar spine (such as CT/MRI) are useful in the detection of spinal pathology which is potentially causing referred pain to the SI joints.

## COVERAGE LIMITATIONS AND EXCLUSIONS

### **Experimental and Investigational Interventions**

IEHP considers the following injections or procedures experimental and investigational and therefore are not covered

1. Coccygeal ganglion (ganglion impar) block for pelvic pain
2. Dynamic stabilization (e.g., Dynesys Spinal System, Graf ligamentoplasty/Graf artificial ligament, and the Stabilimax NZ Dynamic Spine Stabilization System)
3. Endoscopic laser foraminoplasty, foraminotomy and laminotomy
4. Epidural injections of lytic agents (e.g., hyaluronidase, hypertonic saline) or mechanical lysis in the treatment of adhesive arachnoiditis, epidural fibrosis, failed back syndrome, or other indications
5. Epiduroscopy (also known as epidural myelography, epidural spinal endoscopy, myelography, and spinal endoscopy) for the diagnosis and treatment of intractable LBP or other indications
6. Facet chemodenervation/chemical facet neurolysis
7. Facet joint implantation
8. Far lateral microendoscopic discectomy (FLMED) for extra-foraminal lumbar disc herniations or other indications
9. Inter-spinous distraction (e.g., the Coflex inter-spinous stabilization spinal implant, Eclipse inter-spinous distraction device, ExtenSure bone allograft inter-spinous spacer, X-Stop device, and the TOPS System) for spinal stenosis or other indications
10. Laser facet denervation
11. Microendoscopic discectomy (MED) procedure for decompression of lumbar spine stenosis, lumbar disc herniation, or other indications
12. Microsurgical anterior foraminotomy for cervical spondylotic myelopathy or other indications
13. Minimally invasive/endoscopic cervical laminoforaminotomy for cervical radiculopathy/lateral and foraminal cervical disc herniations or other indications
14. Minimally invasive lumbar decompression (MILD) procedure for lumbar canal stenosis or other indications

15. Minimally invasive transforaminal lumbar interbody fusion (MITLIF) for lumbar disc degeneration and instability or other indications
16. NuFix facet fusion
17. Percutaneous endoscopic discectomy with or without laser (PELD) (also known as arthroscopic microdiscectomy or Yeung Endoscopic Spinal Surgery System [Y.E.S.S.])
18. Piriformis muscle resection
19. Racz procedure (epidural adhesiolysis with the Racz catheter) for the treatment of members with adhesive arachnoiditis, epidural adhesions, failed back syndrome from multiple previous surgeries for herniated lumbar disk, or other indications
20. Radiofrequency lesioning of dorsal root ganglia for back pain
21. Radiofrequency lesioning of terminal (peripheral) nerve endings for back pain
22. Sacroplasty for osteoporotic sacral insufficiency fractures and other indications;
23. TruFuse facet fusion;
24. Vesselplasty (e.g., Vessel-X);
25. Xclose Tissue Repair System.

#### **ADDITIONAL INFORMATION**

N/A

#### **CLINICAL/REGULATORY RESOURCE**

Related coverage determinations

1. CMC Local Coverage Determination (LCD) for Lumbar Epidural Injections (L34982)
  - a. Lumbar epidural injections are generally performed to treat pain arising from spinal nerve roots via injection of a solution containing local anesthetic with or without corticosteroids into the epidural space by a different route or entry (interlaminar, caudal or transforaminal).
  - b. Indications include suspected radicular pain, based on radiation of pain along the dermatome of a nerve or neurogenic claudication and/or low back pain  $\geq 3/10$  (moderate to severe pain) associated with significant impairment of activities of daily living (ADLs).
  - c. Pain is associated with either substantial imaging abnormalities such as central disc herniation, severe degenerative disc disease or central spinal stenosis.
  - d. Real-time imaging guidance, fluoroscopy or CT, 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. Reasons for not using contrast (e.g., patient has a contraindication to injection) must be documented in the procedure report.
  - e. A simple disc bulge or annular tear/fissure is insufficient to justify performance of an epidural.
  - f. Numbness or weakness without paresthesiae/dysesthesiae or pain precludes coverage
2. CMC LCD for Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (L34993)
  - a. Facet joint injections are for the diagnosis and treatment of chronic neck and back pain, but evidence of clinical efficacy and utility has not been well-established. Therefore, ongoing coverage requires outcomes reporting to allow future analysis of clinical efficacy.
  - b. Pain is predominantly axial and not associated with radiculopathy or neurogenic claudication.

- c. A series of two medial branch block injections is necessary to diagnose facet pain due to the unacceptably high false positive rate of single medial branch block injections.
  - d. Intraarticular and/or extraarticular facet joint prolotherapy is not covered.
3. CMS LCD for Nerve Blockade for Treatment of Chronic Pain and Neuropathy (L35456)
- a. Nerve blocks cause the temporary interruption of conduction of impulses in peripheral nerves or nerve trunks by the injection of local anesthetic solutions.
  - b. Nerve blocks have established utility in the diagnosis and treatment of non-neuropathic pain and specific syndromes mediated by overactivity of the sympathetic nervous system.
  - c. Diagnostic nerve blocks determine the pain source (i.e., identify the nerve that acts as a pathway for pain, determine the type of nerve conducting the pain, distinguish between central and peripheral pain, or determine whether a neurolytic block or surgical lysis of the nerve should be performed).
  - d. Therapeutic nerve blocks treat painful conditions that respond to nerve blocks and/or “inappropriate” sympathetic nervous system activity.
  - e. Nerve blocks are not covered for treatment of metabolic peripheral neuropathy.

### **Special Considerations Regarding CPT Code 77003:**

According to The American Medical Association’s Current Procedural Terminology Professional Edition 2013 and the National Correct Coding Initiative Edits adopted by Medi-Cal in March 2011, the following CPT codes regarding spinal injection procedures may not be billed together with CPT code 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid).

### **DEFINITION OF TERMS**

1. A **zygapophyseal (aka facet) joint “level”** refers to the zygapophyseal joint or the two medial branch (MB) nerves that innervate that zygapophyseal joint.
2. A **“session”** is defined as all treatment and / or diagnostic procedures done for the purpose of pain management that is done during one office visit on any given day (i.e. treatment injections of nerve blocks / radiofrequency procedures, medial branch blocks (MBB) and / or facet joint injections, intraarticular injections (IA), trigger point injections, etc.).
3. A **treatment or diagnostic period** is defined as the community-accepted standard length of time expected to produce the desired clinical effect intended by the treatment.
4. A **“session”** is defined as all treatment and / or diagnostic procedures done for the purpose of pain management that is done during one office visit on any given day (i.e. treatment injections of nerve blocks / radiofrequency procedures, medial branch blocks (MBB) and / or facet joint injections, intraarticular injections (IA), trigger point injections, etc.).
5. A **“region”** will be defined as a specific anatomic area of the spine (cervical/thoracic, lumbar, and sacral).
6. **"Diagnosis"** of facet-mediated pain requires the establishment of pain relief following dual (two sessions) medial branch blocks (MBBs) performed at different sessions. Neither physical exam nor imaging has adequate diagnostic power to confidently distinguish the facet joint as the pain source.

7. A **“Quantitative Pain Scale”** refers to a person’s overall pain level and will be defined as a numerical score of ZERO (0) to TEN (10). This score will be used as the primary determinant in a person’s response to treatment or diagnostic testing.
8. **“Relief of Pain”** will be determined to be controlled and minimal when a member’s pain level is less than or equal to three-out-of-ten (3/10) - with a score of 10 being the greatest amount of pain).
9. **“Partial Relief of Pain”** will be determined when a person has experienced at least twenty-five percent (25%) to fifty-percent (50%) of pain relief.  
E.g. if a person’s pain level decreased from a pre-treatment / pre-test procedure from an 8/10 to a 6/10 this is considered a 25% improvement.
10. **“No Relief” / “Failure of Treatment-Testing”** will be defined as a *less than a twenty-five percent (25%) decrease of pain*, and / or *failure to obtain SUSTAINED control / relief of pain* for the stated expected duration of relief and control that would be obtained from a specific procedure (for each type of specific treatment or testing modality).

## REFERENCES

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9. Medicare Local Coverage Determination (LCD): Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (L34993); Revision Effective Date for services performed on or after 11/2/2016.
10. Medicare Local Coverage Determination (LCD) Nerve Blockade for Treatment of Chronic Pain and Neuropathy (L35456).; Revision Effective Date for services performed on or after 10/1/2017
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**Appendix A**

	<b>Max initial sessions</b>	<b>Min session frequency</b>	<b>Min pain relief</b>	<b>Max repeat sessions</b>	<b>Max injections per session</b>	<b>Session frequency</b>	<b>Max sessions per 6 months</b>
<b>LESI</b>	2	7 days apart	50%	1	1	2 months	3
<b>TFESI</b>	2	7 days apart	50%	1	2	2 months	3
<b>MBB for RFA</b>	2	7 days apart	80%	*	*	*	*
<b>MBB for treatment</b>	2	7 days apart	50%	1	6	3 months	3
<b>Nerve Blocks</b>	**	**	50%	**	**	**	**
<b>SI</b>	2	7 days apart	50%	1	Single level bilaterally only	2 months	3

**Legend**

\* = Refer to the IEHP UM Subcommittee Approved Authorization Guidelines, Pain Management – Percutaneous RadioFrequency Neurotomy guideline

\*\* = A maximum of 3 total injections are approved within a 6 month period per anatomic area. Aetna

LESI = Laminar Epidural Steroid Injections

TFESI = Transforminal Epidural Steroid Injections

MBB = Facet Joint Injections OR Medial Branch Blocks

TPI = Trigger Point Injections

SI = Sacroiliac Injections

RFA = Radiofrequency ablation

Max initial sessions = Maximum number of sessions per initial authorization

Min session frequency = Recommended minimum frequency between initial sessions

Min pain relief = Minimum amount of pain relief expected for continuation of sessions

Max repeat sessions = Maximum number of sessions per repeat authorization

Max injections per session = Maximum number of injections per session

Session frequency = Frequency between repeat sessions

Max sessions per 6 months = Maximum number of sessions per 6 month period per anatomic site