

<b>MEDICAL</b>
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Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines.

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The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is appr

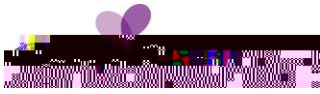
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- I. Clinical evaluations and care of candidate patients for epidural injections should also address, at the discretion of the physician and according to prevailing standards of medical care:
  - 1. no acute spinal cord compression
  - 2. selected body imaging evaluations to evaluate the area of pain, particularly for acute pain, or to evaluate escalations in chronic baseline pain
  - 3. appropriate imaging to rule out red flag conditions may be indicated if potential issues of trauma, osteomyelitis or malignancy, or other diagnoses are a concern
- J. Contraindications include any of the following:
  - 1. pain related to cancer etiology
  - 2. local or systemic infection
  - 3. cauda equina syndrome
  - 4. spinal trauma (eg, hematoma, hemorrhage, mass, ischemia)
  - 5. coagulopathy
- V. Inconclusive or Non-Supportive Evidence
  - A. Evidence reported in the medical literature is inconclusive as to the use of epidural injections for long term relief or treatment of chronic pain. Long-term continuation (epidural injections beyond 1 year) may be subject to medical necessity review.
  - B. For both cervical and lumbar transforaminal (TF) ESIs, using particulate steroid is associated with a rare risk of catastrophic neurovascular complications such as stroke or death. Cervical transforaminal injections are risky because arterial supply may be densely concentrated in and around the intervertebral foramen. TF ESIs can be performed without contrast in patients with documented contraindication to its use. In these circumstances, particulate steroids are contraindicated and only the preservative free, particulate free steroids which are available should be used.
  - C. Cervical transforaminal ESIs have sparse literature for cervical radicular pain, and, if performed, should be performed by injecting contrast medium under real-time fluoroscopy and/or digital subtraction angiography (DSA) in a frontal plane, before injecting any substance potentially hazardous to the patient. Particulate steroids should not be used for cervical TF injections as per the contraindication established by the FDA warning.
- E. State-Specific Information  
NA
- F. Conditions of Coverage  
NA
- G. Related Policies/Rules  
NA

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#### H. Review/Revision History

<b>DATE</b>		<b>ACTION</b>
<b>Date Issued</b>	12/14/2022	New policy
<b>Date Revised</b>	03/15/2023	Annual review: reorganized criteria, simplified conservative therapy, added provocation tests, added pain scale to diagnostic injection criteria. Approved at Committee.
	01/31/2024	Annual review: updated references, approved at Committee.
<b>Date Effective</b>	05/01/2024	

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