MEDICAL POLICY STATEMENT

OHIO MARKETPLACE PLANS

Policy Name	Policy Number	Date Effective
Epidural Steroid Injections	MM-0160	07/01/2019

Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

Medical Policy Statement

Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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A. SUBJECT

B. BACKGROUND

Nearly 84% of adults experience back pain during their lifetime. Long term outcomes are largely favorable for most patients, but a small percentage of patient's symptoms are categorized as chronic. Chronic pain is defined by the International Association for the Study of Pain as: "pain that

Professional Society Recommendations: The following professional society's recommendations are derived from the latest guidelines and scientific based literature available

American College of Physicians (ACP) & American Pain Society (APS) (October 2007)

Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society.

- Clinicians should conduct a focused history and physical examination to help place patients with low back pain into 1 of 3 broad categories: nonspecific low back pain, back pain potentially associated with radiculopathy or spinal stenosis, or back pain potentially associated with another specific spinal cause. The history should include assessment of psychosocial risk factors, which predict risk for chronic disabling back pain
- Clinicians should not routinely obtain imaging or other diagnostic tests in patients with nonspecific low back pain
- Clinicians should perform diagnostic imaging and testing for patients with low back pain when severe or progressive neurologic deficits are present or when serious underlying conditions are suspected on the basis of history and physical examination
- Clinicians should evaluate patients with persistent low back pain and signs or symptoms of radiculopathy or spinal stenosis with magnetic resonance imaging (preferred) or computed tomography only if they are potential candidates for surgery or epidural steroid injection
- Clinicians should provide patients with evidence-based information on low back pain with regard to their expected course, advise patients to remain active, and provide information about effective self-care options
- For patients with low back pain, clinicians should consider the use of medications with proven benefits in conjunction with back care information and self-care. Clinicians should assess severity of baseline pain and functional deficits, potential benefits, risks, and relative lack of long-term efficacy and safety data before initiating therapy. For most patients, first-line medication options are acetaminophen or nonsteroidal anti-inflammatory drugs
- For patients who do not improve with self-care options, clinicians should consider the addition of nonpharmacological therapy with proven benefits—for acute low back pain, spinal manipulation; for chronic or subacute low back pain, intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, cognitive-behavioral therapy, or progressive relaxation

American College of Physicians (ACP) (April 2017)

The ACP's recommendations for Noninvasive Treatments for Acute, Subacute and Chronic Low Back Pain: A Clinical Practice Guideline are as follows:

- Clinicians and patients should select nonpharmacological treatment with superficial heat (moderate-quality evidence), massage, acupuncture, ecnal manipulatinu (low

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in patients who have failed the aforementioned treatments and only if the potential benefits

2.4 inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
2.5 prior successful injections for same specific condition with relief of at least 3 months' duration.

D. PASSIVE conservative therapy as part of a multimodality comprehensive approach is addressed in the patient's care plan with documentation in the medical record lasting for six (6) weeks or more within the past six (6) months that includes at least **ONE of the following:**
   1. rest
   2. ice
   3. heat
   4. medical devices
   5. acupuncture
   6. TENS unit use as defined in CareSource policy
   7. Pain medications (RX or OTC) such as: non-steroidal anti-inflammatory drugs (NSAIDS), acetaminophen. Opioid narcotics are not required for consideration.

II. For Interlaminar or Caudal Epidural Injections
   A. More than 1 epidural injection per treatment date will not be authorized.
   B. Bilateral injections and modifiers will not be recognized and coverage will be denied.
   C. Prior authorization will be required for each epidural injection by the same or any physician.
   D. Repeat injections sooner than 3 weeks may not reach pharmacodynamic effect of the corticosteroid and will not be covered.
   E. Requests for repeat injections before 3 weeks without documentation of suitable pain score reduction and functional improvements, or other documented rationale as described in "Policy" section will not be covered.

III. For Transforaminal Epidurals or Selective Nerve Root Blocks (SNRB's)
   A. Transforaminal Epidurals provided to more than 2 vertebral levels per treatment date, whether unilateral or bilateral, will not be authorized and will not be covered.
   B. Bilateral injections require the appropriate modifier.
   C. Pr.998 57.96 Tf-6.500441 1.t4.,ppedpp anead.

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Evidence for the efficacy of *caudal epidurals* is good for short- and long-term relief of chronic pain due to disc herniation or radiculitis with local anesthetic and steroids. Systematic review also provided fair evidence for caudal epidural injections in managing chronic axial or discogenic pain, spinal stenosis, and post-surgery, or failed back, syndrome. axofynF

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The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

Independent Medical Review: 2/2018