Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) 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. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, 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

patients, first-line medication options are acetaminophen or nonsteroidal anti-

D. Policy

I. Epidural Steroid Injections

A. A prior authorization (PA) is required for each epidural injection for pain management by the same or any physician, excluding labor and delivery in childbirth and for post surgical pain. Documentation, including dates of service, for conservative therapies are not required for PA, but must be available upon request.
   1. Maximum number of benefit limits in this policy are based on medical necessity.

B. The maximum epidurals of all types of epidural injections a member can receive in a rolling twelve (12) months is generally a total of six (6), regardless of the number of levels involved.
   1. Requests for repeat injections beyond 3 weeks without documentation of suitable pain score reduction and functional improvements, or other documented rationale as described in this policy will not be covered.

C. Epidural corticosteroid injections may be indicated when ALL of the following clinical criteria are met:
   1. Pain is located in either the cervical, thoracic, or lumbar spine and is predominantly radiating or shooting in nature.
   2. The patient's epidural injection history in the past consecutive twelve (12) months includes less than six (6) epidural injections, including:
      a. The patient has had no epidural injections in the past consecutive twelve (12) months OR
      b. The patient has had at least one (1), but no more than six (6) epidural injections of any type in the past consecutive twelve (12) months and meets ONE of the following criteria:
         01. The patient has experienced at least a greater than 50% reduction in pain and at least a 50% improvement in function by the first or second injection, even if pain relapsed;
         02.

(3) Severe pain unresponsive to outpatient medical management;
(4) Inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s); or
(5) Prior successful injections for same specific condition with relief of at least three (3) months' duration.

4. The patient has documentation addressing INACTIVE conservative therapy as part of a multimodality comprehensive approach and is addressed in the patient's care plan with documentation in the medical record lam-ę la ë

01. Unless pain prevents the patient from participating in conservative therapy, which must be documented in the contemporaneous medical record.

G. Real-time image guidance and any injection of contrast are inclusive components of epidural injections and are not compensated for separately, or unbundled for coverage.
   1. Ultrasound guidance for epidural injections is considered inappropriate.

H. Conscious sedation, if required for co-morbidities or patient/physician preference, may be provided without prior authorization but services will be considered part of the procedure and are not eligible for additional reimbursement if administered by a second provider.
   1. Coverage for monitored anesthesia will not be provided as not medically necessary.
      a. If anesthesia services are provided they must be delivered by CareSource credentialed providers, including anesthesiologists and/or Certified Registered Nurse Anethesists (CRNA).

I. Patients with indwelling implanted spinal cord stimulators or pain pumps must have a device interrogation report and an interpretation submitted with medical records, and included in the prior authorization request for proposed interventional pain injections.
   1. If a device is not functioning properly, an escalation in pain may warrant evaluation and management of the implanted device.

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suspected specific causes of spinal pain, (for example herniated disc, spinal stenosis, or degenerative vertebral disease; and to rule out fracture or tumor). Evidence supports that clinicians should not routinely obtain imaging or other diagnostic tests in patients with nonspecific low back pain. However, 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

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the two preceding injections. A neurology specialty society working group concluded that, while epidural steroids may result in transient improvement in radicular lumbosacral pain for 2 to 6 weeks post injection, there was no significant impact on function, long-term pain relief (beyond 3 months), or the need for surgery. A published evidence-based review concluded

managing chronic axial or discogenic pain, spinal stenosis, and post-surgery or failed back syndrome.

For lumbar spine pain present for 6 months or more, an evidence-based guideline assessing the efficacy of caudal, lumbar interlaminar, and lumbar transforaminal epidural injections found good evidence in support of the interventions for radiculitis from disk herniation. Lumbar ESIs may be more effective than caudal ESIs for treating low back pain. A neurosurgery specialty society workgroup recommends epidural corticosteroid injections as a therapy to provide temporary symptomatic pain relief in selected patients. Their report conceded that studies show results for radicular pain are better than for isolated back pain.

A recent revision to the Institute for Clinical Systems Improvement (ICSI) emphasized “cautious and responsible use of opioids in the presence of acute or subacute low back pain.” CareSource does not consider prescribed oral opioid(s) as a mandatory component of multidisciplinary, multimodality, comprehensive pain management. The ICSI guidelines revision also urged increasing the utilization of validated pain and function scales to help differentiate treatment approaches in order to improve the patient's ability to function. Finally the ICSI recommended clinicians to “increase the use of collaborative decision-making to allow patients to make more informed decisions about their care.

III. Inconclusive or Non-Supportive Evidence
Evidence reported in the medical literature, however, is inconclusive as to the use of epidural injections for

with criticisms published by the International Spine Intervention Society (ISIS) and the American Society for Interventional Pain Physicians (ASIPP).

In November, 2014, the Anesthetic and Analgesic Drug Products Advisory Committee (AADPAC) of the FDA reviewed the risk of serious neurologic adverse reactions associated with epidural steroid injections (ESI) for pain management administered to reduce inflammation. The committee supported, by a vote of 15-Yes to 7-No, with one abstention, the addition of a contraindication to the labeling of injectable corticosteroids for use in epidural administration. The committee specifically supported a contraindication for the use of the transforaminal approach to the cervical spine for ICs that are suspensions (otherwise known as particulate ICs).

For both cervical and lumbar transforaminal 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

H. References

25. I. Nishio, (2014, Nov-

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