

MEDICAL



HEP – A 6-week program requiring an exercise prescription and/or plan and a follow-up documented in the medical record after completion, or documentation of the inability to complete the HEP due to a stated physical reason (ie, increased pain, inability to physically perform exercises). Patient inconvenience or noncompliance without explanation does not constitute an inability to complete.

- **Inactive Conservative Therapies** – Passive activities by the patient that aid in treating symptoms associated with pain, including rest, ice, heat, medical devices, acupuncture, TENS use, and/or pharmacotherapy (prescription or over the counter [eg, non-steroidal anti-inflammatory drugs, acetaminophen]).

Transcutaneous Electrical Nerve Stimulator (TENS) – A device that utilizes electrical current delivered through electrodes placed on the surface of the skin to decrease the patient's perception of pain by inhibiting the transmission of afferent pain nerve impulses and/or stimulating the release of endorphins. Its use, frequency, duration, and start dates must be documented in the medical record to be considered part of conservative therapy during the period of prior authorization request.

- **Epidural Steroid Injection** – Administration of steroids via a needle inserted in the space between the ligamentum flavum and the dura and administered by translaminar, tranforaminal, or caudal approaches. Injections are intended to cause a short-term reduction in pain in the affected region.

D. Policy

- I. Epidural steroid injections for labor and delivery in childbirth or post-surgical pain do not require prior authorization.
- II. Initial (Diagnostic) Injection
CareSource considers an initial (diagnostic) epidural steroid injection (maximum of 2 injections) medically necessary for the management of chronic pain when **ALL** the following clinical criteria are met:
 - A. Pain is located in either the cervical, thoracic, or lumbar spine and is predominantly radiating or shooting in nature.
 - B. Pain is causing functional disability.
 - C. Signs or symptoms are consistent with radiculopathy, as indicated by at least one of the following:
 1. diminished or absent deep tendon reflexes
 2. paresthesia, numbness, sensory change, or weakness in dermatomal distribution
 3. positive femoral nerve stretch test
 4. positive Spurling test
 5. positive straight leg raising test
 - D. Conservative therapy has failed to alleviate symptoms, as evidenced by **ALL** the following:
 1. documentation in the medical record of at least 6 weeks of active conservative therapy (see definition above) within the past 6 months OR

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



- inability to complete active conservative therapy due to contraindication,
increased pain, or intolerance
2. documentation in the medical record of at least 6 weeks of

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