**Policy Title:** Epidural Injection  
**Policy Number:** G.09

**Primary Department:** Medical Management  
**NCQA Standard:** N/A  
**URAC Standard:** N/A  
**Affiliated Department(s):** N/A

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**State/Program** | **MI** | **IL** | **IA** | **SNP** | **MMAI** | **MA** | **PDP** | **SNP** | **MMAI** | **MA** | **PDP** | **SNP** | **MMAI** | **MA** | **PDP**  
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Medicare: | ☐SNP | ☐MMAI | ☐SNP | ☐MMAI | ☐SNP | ☐MMAI | ☐MA | ☐PDP | ☐SNP | ☐MMAI | ☐MA | ☐PDP | ☐SNP | ☐MMAI | ☐MA | ☐PDP  
Medicaid: | ☐TANF | ☐SPD | ☐TANF | ☐SPD | ☐TANF | ☐SPD | ☐SCHIP | ☐SCHIP | ☐TANF | ☐SPD | ☐SCHIP | ☐SCHIP | ☐TANF | ☐SPD | ☐SCHIP | ☐SCHIP  
Commercial: | ☐Exchange | ☐Exchange | ☐Exchange | ☐Exchange | ☐Exchange | ☐Exchange | ☐Exchange | ☐Exchange

**Definitions:**

**Lumbar Radicular Pain**  
Radicular pain results from nerve root irritation. This can be caused by either direct pressure on a nerve root or by damage to the root. It is most often caused by herniated intervertebral disk material, bone, or scar tissue pressing directly on the nerve root as it exits the spinal canal. This type of pain is perceived to radiate along the path of the affected nerve in an anatomically predictable distribution (dermatome). It may be accompanied by muscle weakness and/or tingling. The dermatome affected is determined by the anatomic location and level of nerve root compression/damage. Imaging findings should confirm the presence of compressive pathology at an anatomic location corresponding to the physical findings/symptoms.

**Epidural Steroid Injections**  
The purpose of an epidural steroid injection is to achieve pain relief caused by nerve root irritation. There are 3 basic techniques for lumbar epidural injection:

1. Transforaminal (injection along the desired nerve root)
2. Caudal (injection into the lower epidural space)
3. Translumbar (injection into a higher lumbar epidural space)

**Episode**  
Is defined as a 6 month consecutive time period corresponding with the member's pain.

**Policy:** Epidural steroid injection is proven for the treatment of acute and sub-acute sciatica or radicular pain of the low back caused by spinal stenosis, disc herniation or degenerative changes in the vertebrae.

**Procedure:** Epidural steroid injections have a clinically established role in the short-term management of low back pain when the following two criteria are met:

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• The pain is associated with symptoms of nerve root irritation and/or low back pain due to disc extrusions and/or contained herniation’s AND
• The pain is unresponsive to conservative treatment, including but not limited to pharmacotherapy, exercise or physical therapy.

Epidural steroid injections are unproven for all other indications. There is a lack of evidence from randomized controlled trials indicating that epidural steroid injections effectively treat patients with lumbar pain that is not associated with radiculopathy. Note: This policy does not apply to obstetrical epidural anesthesia utilized during labor and delivery.

Coverage: Epidural steroid injections are covered when it is part of a comprehensive treatment plan and all of the following criteria are met:

Initial injection:
1. The patient has lumbar radicular pain with demonstrable correlation on physical exam, imaging, and/or nerve conduction studies; AND
2. Evaluation has ruled out tumor/space occupying lesion and non-spinal causes of pain AND
3. The pain has been present for at least 6 weeks; AND
4. The patient has no medical/physical contraindications to receiving epidural steroid injections, AND
5. The patient has failed 2 or more weeks of conservative therapy. Conservative therapy MUST include physical therapy (PT), including active muscle conditioning, and MAY also include activity modification, weight loss, and drug therapy. All documentation must correspond to the current episode of pain (within 6 months), OR
   a. If physical therapy has NOT been attempted, there MUST be an explicit rationale documented explaining why physical therapy is contraindicated. OR
   b. When relief of severe refractory pain is necessary to enable the patient to participate in physical therapy. To fulfill this criterion, there must be documentation from a physical therapist who has evaluated the patient outlining the reasons why this approach is clinically necessary OR
6. The patient has radicular pain with a surgically correctable lesion(s), but is not a surgical candidate due to other medical conditions. The procedure must be performed by an experienced clinician using conventional real-time fluoroscopic guidance techniques for needle placement and for monitoring the injection of the agent/contrast material. It is also expected that representative stages of the procedure will be documented with hard copy and/or digital radiographs/video.

Repeat injection:
1. Requires documentation of 50% pain and/or symptom relief as demonstrated on a Visual Analog Scale at 4 weeks post-primary ESI. A pre and post Visual Analog Scale must be submitted.
2. Require a minimum of 6 weeks between injections;
3. Are limited to a total of 6 injections per 12 consecutive months.
4. Requires documentation of member having tried and failed physical therapy during this episode

Indications that are not covered: “Epidural steroid injections are not considered medically necessary and are not covered under the following circumstances:
1. Back pain is non-radicular
2. Injection is performed without real-time image guidance
3. If performed by providers who are not physicians with an unrestricted state medical license and board certified in a specialty recognized by the American Board of Medical Specialties (ABMS) OR the American Osteopathic Association (AOA).

Notes:
1. Standard medical practice dictates that if a therapeutic series of up to 3 injections have been given without significant relief of low back or cervical pain, then further epidural administrations are not medically necessary.
2. Generally, only up to 6 injections within a 12-month period are medically necessary in order to minimize the risks from large doses of steroids (does not take into account 1 or 2 diagnostic steroid injections).
3. Patients who relapse after a satisfactory response may be candidates for another trial after an interval of at least six months. In selected cases, where more definitive therapies (e.g., surgery) cannot be tolerated or provided, additional injections may be medically necessary.

A systematic review published in Spine Journal by Chou et al. (2009) assessed current evidence for nonsurgical interventional therapies for low back pain. The authors noted, “for sciatica or prolapsed lumbar disc with radiculopathy, we found good evidence that chemonucleolysis is moderately superior to placebo injection but inferior to surgery, and fair evidence that epidural steroid injection is moderately effective for short-term (but not long-term) symptom relief.

Special Instructions: N/A

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Approved by: __________________________________________________________________________ Date: 06/26/2015
Corporate Chief Operating Officer

Reviewed and approved by Policy and Procedure Committee: Date: 04/10/2015
Reviewed and approved by Medical Policy Operations Committee: Date: 04/25/2015
Reviewed and approved by Physician Advisory Committee: Date: 06/26/2015
Reviewed and approved by Corporate Compliance Committee: Date: 07/28/2015

References:

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