



CLINICAL GUIDELINES

CMM-200: Epidural Steroid Injections (ESI)

Version 1.0.2022
Effective August 1, 2022



eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

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Definitions

- **Caudal epidural steroid injection (CESI):** an injection of contrast, (absent allergy to contrast), followed by the introduction of corticosteroids and possibly a local anesthetic into the epidural space of the spine by inserting a needle through the sacral hiatus under fluoroscopic guidance into the epidural space at the sacral canal.
- **Interlaminar epidural steroid injection (ILESI):** an injection of contrast, (absent allergy to contrast), followed by the introduction of a corticosteroid and possibly a local anesthetic into the epidural space of the spine either through a paramedian or midline interlaminar approach under fluoroscopic guidance.
- **Radicular pain:** pain which radiates to the extremity along the course of a spinal nerve root, typically resulting from compression, inflammation, and/or injury to the nerve root.
- **Radiculitis**, (for the purpose of this policy): radicular pain without objective neurological findings on physical examination.
- **Radiculopathy**, (for the purpose of this policy): the presence of pain, dysesthesia(s), or paresthesia(s) reported by the individual in a level-specific referral pattern of an involved named spinal root(s) causing significant functional limitations, (i.e., diminished quality of life and impaired age-appropriate activities of daily living), and **EITHER** of the following:
 - ◆ Documentation of **ONE or MORE** of the following, concordant with nerve root compression of the involved named spinal root(s) demonstrated on a detailed neurologic examination within the prior three (3) months:
 - Loss of strength of specific named muscle(s) or myotomal distribution(s)
 - Altered sensation to light touch, pressure, pin prick, or temperature in the sensory distribution
 - Diminished, absent, or asymmetric reflex(es)
 - ◆ Documentation of **EITHER** of the following studies performed within the prior 24 months:
 - A concordant radiologist's interpretation of an advanced diagnostic imaging study (MRI or CT) of the spine demonstrating compression of the involved named spinal nerve root(s)
 - Electrodiagnostic studies (EMG/NCV's) diagnostic of nerve root compression of the involved named spinal nerve root(s).
- **Selective Nerve Root Block (SNRB):** a diagnostic injection of contrast (absent allergy to contrast) of a single nerve root to assist with surgical planning, followed by the introduction of a local anesthetic by inserting a needle into the neuroforamen under fluoroscopic or computed tomography (CT) guidance. SNRBs are erroneously referred to as transforaminal epidural steroid injection (TFESI), although technically SNRBs involve the introduction of anesthetic only and are used for diagnostic purposes.
 - ◆ Selective nerve root blocks (SNRBs) performed for the purpose of treating pain (i.e., repeat SNRB at the same level) may be termed therapeutic selective nerve

root blocks. There is insufficient evidence to support the clinical utility of therapeutic selective nerve root blocks (SNRBs).

- **Session:** a time period, which includes all procedures (i.e., medial branch block (MBB), intra-articular (IA) facet joint injection, and radiofrequency ablation (RFA)) performed on a single date of service.
- **Spinal stenosis:** the narrowing of the spinal canal usually due to spinal degeneration that occurs with aging. It may also be the result of spinal disc herniation, osteoarthritis, or a tumor. Lumbar spinal stenosis results in low back pain as well as pain or abnormal sensations in the legs, thighs, feet or buttocks, or loss of bladder and bowel control. Neurogenic claudication is often a clinical condition that results from spinal stenosis.
- **Transforaminal epidural steroid injection (TFESI):** a therapeutic injection of contrast (absent allergy to contrast) performed at a single or multiple spinal levels, followed by the introduction of a corticosteroid and possibly a local anesthetic by inserting a needle into the neuroforamen under fluoroscopic or computed tomography (CT) guidance.

General Guidelines

- This guideline does not apply to epidural injections administered for the following:
 - obstetrical or surgical epidural anesthesia or for perioperative pain management
 - other injectates including, but not limited to the following: Spinraza, chemotherapy, neurolytic substances, antispasmodics, antibiotics, antivirals, biologics (e.g., platelet rich plasma, stem cells, amniotic fluid, etc.), or any other injectates that are not in scope of eviCore's management
- This guideline only applies to injections of an anesthetic, corticosteroid, and/or contrast agent
- The determination of medical necessity for the performance of a diagnostic selective nerve root block (SNRB) or a therapeutic epidural steroid injection (ESI) is always made on a case-by-case basis.
- Benefits, coverage policies, and eligibility issues pertaining to each health plan may take precedence over eviCore's guidelines. Providers are urged to obtain written instructions and requirements directly from each payor.
 - ◆ eviCore may direct some prior authorization requests to the health plan (e.g., epidural injections in the clinical context of an implantable intrathecal drug pump for which eviCore is not delegated to prior authorization of the implantable intrathecal drug pump).
- An epidural steroid injection (ESI) should be performed with the use of fluoroscopic or CT guidance and the injection of a contrast, with the exception of an emergent situation or when fluoroscopic/CT guidance or the injection of contrast is contraindicated (e.g., pregnancy).

- The use of an indwelling catheter to administer a continuous infusion/intermittent bolus should be limited to use in a hospital setting only. It is inappropriate to represent the use of a catheter for single episode injection(s) that is/are commonly performed in an outpatient setting as an indwelling catheter for continuous infusion/intermittent bolus.
- There is insufficient scientific evidence to support the scheduling of a “series-of-three” injections in either a diagnostic or therapeutic approach. The medical necessity of subsequent injections should be evaluated individually and be based on the response of the individual to the previous injection with regard to clinically relevant sustained reductions in pain, decreased need for medication, and improvement in the individual’s functional abilities.
- Only one invasive modality or procedure will be performed on the same date of service with the exception of a synovial cyst aspiration performed with a transforaminal epidural steroid injection
- When performing therapeutic transforaminal epidural steroid injections (TFESIs) no more than two contiguous (unilateral or bilateral) levels TFESIs may be performed during the same session.
- When performing a diagnostic selective nerve root block (SNRB), only an injection at a single level/single side during the same procedure should be performed.
- When medical necessity criteria is met, a total of three (3) epidural steroid injections (ESIs) per episode of pain, per region may be performed in six (6) months, not to exceed four (4) ESIs per region in 12 months.

Indications: Selective Nerve Root Block (SNRB)

- A diagnostic selective nerve root block (SNRB), performed at a single nerve root, involving the introduction of anesthetic only, is considered **medically necessary** when attempting to establish the diagnosis of radicular pain (including radiculitis) or radiculopathy when the diagnosis remains uncertain after standard evaluation (neurologic examination and either radiological studies and/or electrodiagnostic studies) in **ANY** of the following clinical situations:
 - ◆ When the physical signs and symptoms differ from that found on imaging studies
 - ◆ When there is clinical evidence of multi-level nerve root pathology
 - ◆ When the clinical presentation is suggestive, but not typical for both nerve root and peripheral nerve or joint disease involvement
 - ◆ When the clinical findings are consistent with radiculopathy in a level-specific referral pattern of an involved named spinal root(s), but the imaging studies do not corroborate the findings (positive straight leg raise test)
 - ◆ When the individual has had previous spinal surgery
 - ◆ For the purposes of surgical planning
- A diagnostic SNRB at a spinal level other than the initial level is considered **medically necessary** when **ALL** of the following criteria are met:

- ◆ A response to the prior block of less than 80% relief based on the injectate utilized
- ◆ Evidence of multilevel pathology
- ◆ It has been at least seven (7) days since the prior block

Indications: Epidural Steroid Injections (Interlaminar, Caudal, or Transforaminal)

Initial Interlaminar Or Caudal Epidural Steroid Injection (ESI)

- An interlaminar or caudal epidural steroid injection (ESI) is considered **medically necessary** for **ANY** of the following:
 - ◆ Treatment of presumed radiculopathy when there has been failure of at least four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include nonsteroidal anti-inflammatory drugs [NSAIDs] or analgesics)
 - ◆ Treatment of presumed radiculitis or radicular pain when **ALL** of the following criteria are met:
 - Radicular pain, with or without motor weakness, which follows a level-specific referral pattern of an involved named spinal root(s)
 - A positive straight leg raise, crossed leg raise, and/or Spurling's
 - Failure of at least four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include NSAIDs or analgesics)
 - ◆ As an initial trial when there is evidence of symptomatic lumbar spinal stenosis and **ALL** of the following criteria are met:
 - Diagnostic evaluation has ruled out other potential causes of pain
 - MRI or CT with or without Myelography within the past (24) months demonstrates moderate to severe lumbar spinal stenosis at the level to be treated
 - Significant functional limitations resulting in diminished quality of life and impaired, age-appropriate activities of daily living
 - Failure of at least four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include NSAIDs or analgesics)
- A transforaminal epidural steroid injection (TFESI) in addition to an intra-articular facet joint injection with synovial cyst aspiration is considered **medically necessary** when **BOTH** of the following criteria are met:
 - ◆ Advanced diagnostic imaging studies (e.g., MRI, CT, CT myelogram) within the past 24 months confirm compression or displacement of the corresponding nerve root by a facet joint synovial cyst
 - ◆ Clinical correlation with the individual's signs and symptoms of radicular pain or radiculopathy, based on history and physical examination

Repeat Interlaminar, Caudal, Or Transforaminal Epidural Steroid Injection (ESI)

- A repeat interlaminar, caudal, or transforaminal epidural steroid injection (ESI) is considered **medically necessary** when there has been 50% or greater relief of radicular pain for two (2) or more weeks duration and **ONE** of the following additional criteria are met:
 - ◆ Increase in the level of function/physical activity (e.g., return to work)
 - ◆ Reduction in the use of pain medication and/or additional medical services such as physical therapy/chiropractic care

Non-Indications: SNRB

Not Medically Necessary

- A diagnostic selective nerve root block (SNRB) is considered **not medically necessary** for any other indication (e.g., post-herpetic neuralgia).
- A diagnostic SNRB at a spinal level other than the initial level is considered **not medically necessary** for **ALL** of the following:
 - ◆ An adequate response to the first block, as determined by the injectate utilized
 - ◆ An absence of multilevel pathology when the first injection is performed under fluoroscopy/CT guidance using contrast
 - ◆ Repeat diagnostic SNRB more frequently than every seven (7) days

Experimental, Investigational, and/or Unproven (EIU)

- A diagnostic SNRB is considered **experimental, investigational, and/or unproven (EIU)** when using injectates other than anesthetic, corticosteroid, and/or contrast agent (e.g., biologics [platelet rich plasma, stem cells, amniotic fluid]), administered alone or in combination.
- A therapeutic SNRB (i.e., a repeat SNRB at the same level) is considered **EIU** for any indication.

Non-Indications: ESI

Not Medically Necessary

- An epidural steroid injection (ESI) is considered **not medically necessary** for **ALL** of the following:
 - ◆ When performed without imaging guidance (i.e., CT, fluoroscopy)
 - ◆ Transforaminal epidural steroid injections (TFESIs) performed at more than two (2) contiguous (unilateral or bilateral) levels during the same session ()
 - ◆ An interlaminar epidural steroid injection (ILESIs), performed at more than a single level during the same session

- ◆ ESI administered on the same day of service as another spinal interventional procedure with the exception of an ESI performed with an intra-articular facet joint injection with synovial cyst aspiration in accordance with criteria in **CMM 200: Indications: Epidural Steroid Injections (Interlaminar, Caudal, or Transforaminal)**
- ◆ Performed in isolation without the individual participating in a comprehensive pain management program that includes **ALL** of the following: physical therapy, patient education, psychosocial support, and oral medications.
- ◆ Repeating epidural steroid injections more frequently than every fourteen (14) days
- ◆ More than three (3) sessions of epidural steroid injections (IESIs and/or TFESIs) per episode of pain, per region in six (6) months
- ◆ More than four (4) sessions of epidural steroid injections (IESIs and/or TFESIs) per region, per twelve (12) months
- ◆ For axial spinal pain (i.e., absence of radiculopathy, myelopathy, myeloradiculopathy)
- ◆ A caudal epidural steroid injection (CESI) for symptomatic levels above L4-L5
- ◆ Performed for post-herpetic neuralgia

Experimental, Investigational, and/or Unproven (EIU)

- **BOTH** of the following are considered **experimental, investigational, and/or unproven (EIU)**:
 - ◆ Epidural steroid injection (ESI) performed with ultrasound guidance
 - ◆ ESI for treatment of radicular pain or radiculopathy involving an injectate other than an anesthetic, corticosteroid, and/or contrast agent (e.g., biologics [platelet rich plasma, stem cells, amniotic fluid])

Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.

CPT®	Code Description/Definition
62320	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
62321	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)
62322	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62323	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic

	substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural; with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
+64480	Injection(s), anesthetic agent and/or transforaminal epidural with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
+64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.	

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