

Cigna Medical Coverage Policies – Musculoskeletal Epidural Steroid Injections

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Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

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CMM-200: Epidural Steroid Injections

Definitions**General Guidelines****Indications****Non-Indications****Codes (CMM-200)****References (CMM-200)**

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 that radiates along the course of a spinal nerve root, typically resulting from compression, inflammation, and/or injury to the nerve root.
- **Radiculitis:** radicular pain without objective neurological findings on physical examination.
- **Radiculopathy:** 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 **ANY** 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) or foraminal stenosis at the concordant level(s)
 - Electrodiagnostic studies (EMG/NCV) 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) followed by the introduction of local anesthetic to anesthetize a single specific spinal nerve root. This procedure is performed by inserting a needle into the neuroforamen under fluoroscopic or computed tomography (CT) guidance. This procedure is often used to assist with surgical planning.
 - ◆ **Note:** 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.
 - ◆ **Note:** 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.
 - ◆ **Neurogenic Claudication:** the clinical syndrome commonly associated with lumbar spinal stenosis. Symptoms of neurogenic claudication are described as leg pain, paraesthesia, heaviness, or cramping brought on when walking and relieved when leaning forward or sitting down.
- **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

Application of Guideline

- The guideline criteria is applicable to selective nerve root blocks (SNRBs) and epidural steroid injections (ESIs) for the **conditions listed within the Indications** section.
 - ◆ **Note:** Some prior authorization requests may be redirected to the health plan that are considered **not in-scope** of management for the indications in the guideline including, but not limited to, the following:
 - epidural injections administered for obstetrical or surgical epidural anesthesia
 - epidural injections administered for perioperative pain management
 - epidural injections/indwelling catheter placement for a trial for an implantable intrathecal or epidural drug pump if there is no delegation for prior authorization of the code(s) for implantable intrathecal or epidural drug pumps
- 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.

Injectates

- This guideline only applies to injections of an anesthetic, corticosteroid, and/or contrast agent.
 - ◆ See the **Non-Indications** section for biologics (e.g., platelet rich plasma, stem cells, amniotic fluid) administered alone or in combination.
 - ◆ **Note:** Spinraza, chemotherapy, neurolytic substances, antispasmodics, antibiotics, and antivirals are **not in scope** of management.

Image-Guidance

- An epidural steroid injection (transforaminal, interlaminar, or caudal) or a selective nerve root block should be performed with the use of fluoroscopic- or CT-guidance and the injection of contrast, with the exception of an **emergent** situation when fluoroscopic-guidance, CT-guidance, **or** the injection of contrast is contraindicated (e.g., pregnancy).

Frequency & Number of Injections/Procedures

- When criteria in the **Indications** section is met, up to a total of three (3) sessions of epidural steroid injections (IESIs and/or TFESIs) per episode of pain, per region may be performed in six (6) months, not to exceed four (4) sessions of epidural steroid injections (IESIs and/or TFESIs) per region (cervical, thoracic, lumbar) is permitted in a rolling 12 months.
- 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.
 - ◆ When criteria in the **Indications** section is met, only one invasive modality or procedure will be performed on the same date of service.
 - **Criteria exception:** When criteria in the **Indications** section is met, an exception is allowed for a transforaminal epidural steroid injection (TFESI) that is performed with a synovial cyst aspiration on the same date of service.

Levels

- When performing **therapeutic** transforaminal epidural steroid injections (TFESIs) no more than two (2) 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 session should be performed.
- When performing an interlaminar epidural steroid injection (ILESIs) or caudal epidural steroid injection (CESI), only one spinal level is allowed during the same session.
 - ◆ **Note:** A CESI only involves symptomatic levels below L4-L5

Indications

Selective Nerve Root Block (SNRB) – Initial Level

- An initial level diagnostic selective nerve root block (SNRB) is considered **medically necessary** when **ALL** of the following criteria have been met:
 - ◆ Performed at a single nerve root
 - ◆ Performed with anesthetic injectate
 - ◆ Performed 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 scenarios:
 - 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 of, 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 physical exam findings (positive straight leg raise test)
 - When the individual has had previous spinal surgery
 - For the purposes of surgical planning

Selective Nerve Root Block (SNRB) - Other Than the Initial Level

- A diagnostic SNRB at a spinal level other than the initial level is considered **medically necessary** when **ALL** of the following criteria have been met:
 - ◆ A response to the prior diagnostic SNRB 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 diagnostic block

Initial Interlaminar, Caudal, or Transforaminal Epidural Steroid Injection (ESI)

An initial epidural steroid injection (ESI) (interlaminar, caudal, or transforaminal) is considered **medically necessary** for **ANY** of the following conditions when **ALL** of the associated criteria have been met:

Treatment of Presumed Radiculitis or Radicular Pain

- There has been a failure to respond to 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)
- The individual is participating in a comprehensive pain management program that includes **ALL** of the following: physical therapy, patient education, psychosocial support, and oral medications

- Advanced diagnostic imaging within 24 months is required for **cervical/thoracic** interlaminar and transforaminal epidural steroid injections

Treatment of Presumed Radiculopathy

- There has been a failure to respond to at least four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include NSAIDs or analgesics)
- The individual is participating in a comprehensive pain management program that includes **ALL** of the following: physical therapy, patient education, psychosocial support, and oral medications
- 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 **ANY** 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) or foraminal stenosis at the concordant level(s)
 - Electrodiagnostic studies (EMG/NCVs) diagnostic of nerve root compression of the involved named spinal nerve root(s).
- Advanced diagnostic imaging within 24 months is required for **cervical/thoracic** interlaminar and transforaminal epidural steroid injections

Initial Trial Treatment for Evidence of Neurogenic Claudication

- There has been a failure to respond to at least four (4) weeks of conservative treatment (e.g., exercise; physical therapy; chiropractic care; or, medications to include NSAIDs or analgesics)
- The individual is participating in a comprehensive pain management program that includes **ALL** of the following: physical therapy, patient education, psychosocial support, and oral medications
- 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

Transforaminal Epidural Steroid Injection (TFESI) Performed with an Intra-Articular Facet Joint Injection with Synovial Cyst Aspiration

- The individual is participating in a comprehensive pain management program that includes **ALL** of the following: physical therapy, patient education, psychosocial support, and oral medications
- 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 (based on history and physical examination) with the individual's signs and symptoms of radicular pain or radiculopathy

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

- A repeat interlaminar, caudal, or transforaminal epidural steroid injection (ESI) is considered **medically necessary** when **ALL** of the following criteria have been met:
 - ◆ It has been at least 14 days since the prior epidural steroid injection (ESI)
 - ◆ There has been 50% or greater relief of radicular pain for two (2) or more weeks duration and **EITHER** of the following additional criteria has been 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
 - ◆ Advanced diagnostic imaging within 24 months is required for **cervical/thoracic** interlaminar and transforaminal epidural steroid injections.

Non-Indications

Not Medically Necessary

Selective Nerve Root Block (SNRB)

- A diagnostic selective nerve root block (SNRB) performed without meeting the criteria listed in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.
- **ALL** of the following are considered **not medically necessary**:
 - ◆ A diagnostic selective nerve root block (SNRB) performed for any other indication (e.g., post-herpetic neuralgia)
 - ◆ A selective nerve root block (SNRB) performed with ultrasound guidance
 - ◆ A diagnostic selective nerve root block (SNRB) performed 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** selective nerve root block (SNRB) (i.e., a repeat SNRB at the same level) being performed for **ANY** indication

Epidural Steroid Injection (ESI)

- An epidural steroid injection (ESI) (interlaminar, caudal, or transforaminal) performed without meeting the criteria listed in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.
- **ALL** of the following are considered **not medically necessary**:
 - ◆ An epidural steroid injection (ESI) (interlaminar, caudal, or transforaminal) performed for **ANY** other condition including the following:
 - ◆ Post-herpetic neuralgia
 - ◆ Axial spinal pain (i.e., absence of radiculopathy, myelopathy, myeloradiculopathy)
 - ◆ An epidural steroid injection (ESI) (interlaminar, caudal, or transforaminal) performed with ultrasound guidance
 - ◆ An epidural steroid injection (ESI) (interlaminar, caudal, or transforaminal) performed 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

Codes (CMM-200)

The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	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)

References (CMM-200)

1. Ackerman WE 3rd, Ahmad M. The efficacy of lumbar epidural steroid injections in patients with lumbar disc herniations. *Anesth Analg*. 2007;104:1217-1222.
2. Akuthota V, Meron A, Singh J, et al. The utility of magnetic resonance imaging results in physician decision-making before initial lumbar spinal injection. *Spine J*. 2019;19(9):1455-1462. doi:10.1016/j.spinee.2019.04.016.
3. Albert HB, Manniche C. The Efficacy of Systematic Active Conservative Treatment for Patients with Severe Sciatica. A Single-Blind, Randomized, Clinical, Controlled Trial. *Spine (Phila Pa 1976)*. 2012;37(7):531-542. doi:10.1097/BRS.0b013e31821ace7f.
4. Allen T, Tatli Y, Lutz G. Fluoroscopic percutaneous lumbar zygapophyseal joint cyst rupture: a clinical outcome study. *Spine J*. 2009;9(5):387-395.
5. American College of Occupational and Environmental Medicine. *Occupational Medicine Practice Guideline*. 2nd ed. 2008.
6. American Medical Association. *Current Procedural Terminology. 2024 AMA CPT® Professional Edition*.
7. Amoretti N, Huwart L, Foti P, et al. Symptomatic lumbar facet joint cysts treated by CT-guided intracystic and intra-articular steroid injections. *Eur Radiol*. 2012;12:2836-2840. doi:10.1007/s00330-012-2533-z
8. Amr YM. Effect of addition of epidural ketamine to steroid in lumbar radiculitis: One-year follow-up. *Pain Physician*. 2011;14:475-481.
9. Anderberg L, Annertz M, Persson L, et al. Transforaminal steroid injections for the treatment of cervical radiculopathy: a prospective and randomised study. *Eur Spine J*. 2007;16(3):321-328.
10. Arden NK, Price C, Reading I, et al. A multicentre randomized controlled trial of epidural corticosteroid injections for sciatica: the WEST study. *Rheumatology (Oxford)*. 2005;44(11):1399-1406. doi:10.1093/rheumatology/kei028.
11. Baron R, Wasner G. Prevention and treatment of postherpetic neuralgia. *Lancet*. 2006;367(9506):186-188. doi:10.1016/s0140-6736(06)68010-0.
12. Becker C, Heidersdorf S, Drewlo S, de Rodriguez SZ, Krämer J, Willburger RE. Efficacy of epidural perineural injections with autologous conditioned serum for lumbar radicular compression: An investigator-initiated, prospective, double-blind, reference controlled study. *Spine (Phila Pa 1976)*. 2007;32:1803-1808.
13. Benzoni HT, Huntoon MA, Rathmell JP. Improving the safety of epidural steroid injections. *JAMA*. 2015;313(17):1713-1714. doi:10.1001/jama.2015.2912.
14. Blankenbaker D, De Smet A, Stanczak J, Fine J. Lumbar radiculopathy: treatment with selective lumbar nerve blocks—comparison of effectiveness of triamcinolone and betamethasone injectable suspensions. *Radiology*. 2005;237:738-741.
15. Bogduk N, ed. *Spine Interventional Society (SIS) Safety Practices for Interventional Pain Procedures*. Spine Interventional Society Practice Guidelines for Spinal Diagnostic and Treatment Procedures. 2nd ed. 2021:5. Available at: spineintervention.org/safetypractices.
16. Botwin K, Baskin M, Rao S. Adverse effects of fluoroscopically guided interlaminar thoracic epidural steroid injections. *Am J Phys Med Rehabil*. 2006;85:14-23.
17. Botwin K, Gruber R, Bouchlas C, et al. Fluoroscopically guided lumbar transforaminal epidural steroid injections in degenerative lumbar stenosis: an outcome study. *Am J Phys Med Rehabil*. 2002;81(12):898-905.
18. Botwin K, Sakalkale D. Epidural steroid injections in the treatment of symptomatic lumbar spinal stenosis associated with epidural lipomatosis. *Am J Phys Med Rehabil*. 2004;83:926-993.
19. Buttermann G. Treatment of lumbar disc herniation: epidural steroid injection compared with discectomy. A prospective, randomized study. *J Bone Joint Surg Am*. 2004;86-A(4):670-679.
20. Candido KD, Rana MV, Sauer R, et al. Concordant pressure paresthesia during interlaminar lumbar epidural steroid injections correlates with pain relief in patients with unilateral radicular pain. *Pain Physician*. 2013;16:497-511.
21. Carrette S, Leclaire R, Marcoux S, et al. Epidural corticosteroid injections for sciatica due to herniated nucleus pulposus. *N Engl J Med*. 1997;336:1634-1640.
22. Chang Chien GC, Knezevic NN, McCormick Z, Chu SK, Trescot Am, Candido KD. Transforaminal versus interlaminar approaches to epidural steroid injections: A systematic review of comparative studies for lumbosacral radicular pain. *Pain Physician*. 2014;17:E509-E524.
23. Chou R, Loeser J, Owens D, et al. Interventional Therapies, Surgery, and Interdisciplinary Rehabilitation for Low Back Pain. An Evidence Based Clinical Practice Guideline From the American Pain Society. *Spine*. 2009;34(10):1066-77.
24. Cohen SP, Gupta A, Strassels SA, et al. Effect of MRI on treatment results or decision making in patients with lumbosacral radiculopathy referred for epidural steroid injections: a multicenter, randomized controlled trial [published correction appears in *Arch Intern Med*. 2012;172(8):673]. *Arch Intern Med*. 2012;172(2):134-142. doi:10.1001/archinternmed.2011.593.
25. Cohen SP, Hanling S, Bicket MC, et al. Epidural steroid injections compared with gabapentin for lumbosacral radicular pain: Multicenter randomized double blind comparative efficacy study. *BMJ*. 2015;350:h1748.

26. Cohen S, Hayek S, Semenov Y, et al. Epidural steroid injections, conservative treatment, or combination treatment for cervical radicular pain: a multicenter, randomized, comparative-effectiveness study. *Anesthesiology*. 2014;121(5):1045–1055.
27. Cooper G, Lutz G, Boachie-Adjei O, Lin J. Effectiveness of transforaminal epidural steroid injections in patients with degenerative lumbar scoliotic stenosis and radiculopathy. *Pain Physician*. 2004;7:311–317.
28. Christo P, Hobelmann G, Maine D. Post-Herpetic Neuralgia in Older Adults. *Drugs Aging*. 2007;24(1):1–19. doi:10.2165/00002512-200724010-00001.
29. Dashfield A, Taylor M, Cleaver J, Farrow D. Comparison of caudal steroid epidural with targeted steroid placement during spinal endoscopy for chronic sciatica: a prospective, randomized, double-blind trial. *Br J Anaesth*. 2005;94:514–559.
30. Datta R, Upadhyay KK. A randomized clinical trial of three different steroid agents for treatment of low backache through the caudal route. *Med J Armed Forces India*. 2011;67:25–33.
31. Delitto A, George SZ, Van Dillen L, et al. Low Back Pain. *J Orthop Sports Phys Ther*. 2012;42(4):A1–A57. doi:10.2519/jospt.2012.42.4.A1.
32. DePalma M, Bhargava A, Slipman C. A critical appraisal of the evidence for selective nerve root injection in the treatment of lumbosacral radiculopathy. *Arch Phys Med Rehabil*. 2005;86(7):1477–1483.
33. Devillé WL, van der Windt DA, Dzaferagić A, Bezemer PD, Bouter LM. The test of Lasègue: systematic review of the accuracy in diagnosing herniated discs. *Spine (Phila Pa 1976)*. 2000;25(9):1140–1147.
34. Donelson R, Long A, Spratt K, Fung, T. Influence of directional preference on two clinical dichotomies: acute versus chronic pain and axial low back pain versus sciatica. *PMR*. 2012;4:667.
35. Dreyfuss P, Baker R, Bogduk N. Comparative effectiveness of cervical transforaminal injections with particulate and nonparticulate corticosteroid preparations for cervical radicular pain. *Pain Med*. 2006;7:237–242.
36. Dubinsky R, Kabbani H, El-Chami Z, Boutwell C, Ali H. Practice Parameter: Treatment of postherpetic neuralgia: [RETIRED]. *Neurology*. 2004;63(6):959–965. doi:10.1212/01.wnl.0000140708.62856.72.
37. Eckel TS, Bartynski WS. Epidural steroid injections and selective nerve root blocks. *Tech Vasc Interv Radiol*. 2009;12(1):11–21.
38. Friedly JL, Comstock BA, Turner JA, et al. A randomized trial of epidural glucocorticoid injections for spinal stenosis. *N Engl J Med*. 2014;371:11–21.
39. Fukusaki M, Kobayashi I, Hara T, Sumikawa K. Symptoms of spinal stenosis do not improve after epidural steroid injection. *Clin J Pain*. 1998;14:148–151.
40. Furman M, Butler S, Kim R, Mehta A, Simon J, Patel R, Lee T, Reeves R. Injectate volumes needed to reach specific landmarks in S1 transforaminal epidural steroid injections. *Pain Med*. 2012;13(10):1265–1274.
41. Furman M, Mehta A, Kim R, Simon J, Patel R, Lee T, Reeves R. Injectate volumes to reach specific landmarks in lumbar transforaminal epidural steroid injections. *PMR*. 2010;2(7):625–635.
42. Furman MB, Johnson SC. Induced lumbosacral radicular symptom referral patterns: a descriptive study. *Spine J*. 2019;19:163–170.
43. Furman MB, Lee TS, Mehta A, Simon JI, Cano WG. Contrast flow selectivity during transforaminal epidural steroid injections. *Pain Physician*. 2008;11(6):855–861.
44. Ghahreman A, Ferch R, Bogduk N. The efficacy of transforaminal injection of steroids for the treatment of lumbar radicular pain. *Pain Med*. 2010;11:1149–1168.
45. Ghai B, Bansal D, Kay JP, Vadaje KS, Wig J. Transforaminal versus parasagittal interlaminar epidural steroid injection in low back pain with radicular pain: A randomized, double-blind, active-control trial. *Pain Physician*. 2014;17:277–290.
46. Ghai B, Kumar K, Bansal D, Dhatt SS, Kanukula R, Batra YK. Effectiveness of parasagittal interlaminar epidural local anesthetic with or without steroid in chronic lumbosacral pain: A randomized, double-blind clinical trial. *Pain Physician*. 2015;18:237–248.
47. Ghanavatian S, Wie C, et al. Parameters associated with efficacy of epidural steroid injections in the management of post herpetic neuralgia: the Mayo Clinic experience. *J Pain Res*. 2019;12:1279–1286.
48. Habib G, Jabbour A, Salman J, Hakim G, Haddad H. The effect of epidural methylprednisolone acetate injection on the hypothalamic-pituitary-adrenal axis. *J Clin Anesth*. 2013;25(8):629–633. doi:10.1016/j.jclinane.2013.07.002.
49. Hagen K, Hilde G, Jamtvedt G, Winnem M. The cochrane review of advice to stay as active as a single treatment for low back pain and sciatica. *Spine*. 2002; 27(16):1736–1741.
50. Harke H, Gretenkort P, Ulrich Ladleif H, Koester P, Rahman S. Spinal Cord Stimulation in Postherpetic Neuralgia and in Acute Herpes Zoster Pain. *Anesthesia & Analgesia*. 2002;94(3):694–700. doi:10.1097/00000539-200203000-00040.
51. Hooten W, Cohen S. Evaluation and treatment of low back pain: a clinically focused review for primary care specialists. *Mayo Clin Proc*. 2015;90(12):1699–1718.
52. Hooten WM, Nicholson WT, Gazelka HM, Reid JM, Moeschler SM, Lamer TJ. Serum Triamcinolone Levels Following Interlaminar Epidural Injection. *Reg Anesth Pain Med*. 2016;41(1):75–79. doi:10.1097/AAP.0000000000000333.
53. Huang R, Shapiro G, Lim M, Set al. Cervical epidural abscess after epidural steroid injection. *Spine*. 2004;29:E7–E9.

54. Huda N, Bansal P, Gupta SM, Ruhela A, Rehman M, Afzal M. The efficacy of epidural depomethylprednisolone and triamcinolone acetate in relieving the symptoms of lumbar canal stenosis: A comparative study. *J Clin Diagn Res.* 2010;4:2843-2847.
55. Iversen T, Solberg TK, Romner B, Wilsgaard T, Twisk J, Anke A, Nygaard O, Hasvold T, Ingebrigtsen T. Effect of caudal epidural steroid or saline injection in chronic lumbar radiculopathy: multicentre, blinded, randomised controlled trial. *BMJ.* 2011;343:d5278.
56. Jeong HS, Lee JW, Kim SH, Myung JS, Kim JH, Kang HS. Effectiveness of transforaminal epidural steroid injection by using a preganglionic approach: A prospective randomized controlled study. *Radiology.* 2007;245:584-590.
57. Karppinen J, Malmivaara A, Kurunlahti M, et al. Periradicular infiltration for sciatica: A randomized controlled trial. *Spine (Phila Pa 1976).* 2001;26(9):1059-1067. doi:10.1097/00007632-200105010-00015.
58. Kaye AD, Manchikanti L, Abdi S, et al. Efficacy of epidural injections in managing chronic spinal pain: A best evidence synthesis. *Pain Physician.* 2015;18(6):E939-E1004.
59. Kennedy DJ, Plastaras C, Casey E, Visco CJ, Rittenberg JD, Conrad B, Sigler J, Dreyfuss P. Comparative effectiveness of lumbar transforaminal epidural steroid injections with particulate versus nonparticulate corticosteroids for lumbar radicular pain due to intervertebral disc herniation: a prospective, randomized, double-blind trial. *Pain Med.* 2014;15:548-55.
60. Kerezoudis P, Rinaldo L, Alvi MA, Hunt CL, Qu W, Maus TP, Bydon M. The Effect of Epidural Steroid Injections on Bone Mineral Density and Vertebral Fracture Risk: A Systematic Review and Critical Appraisal of Current Literature. *Pain Med.* 2018. doi:10.1093/pm/pnx324.
61. King W, Miller DC, Smith CC. Systemic Effects of Epidural Corticosteroid Injection. *Pain Med.* 2018;19(2):404-405.
62. Kleimeyer J, Koltsov J, Smuck M, Wood K, Cheng I, Hu S. Cervical epidural steroid injections: incidence and determinants of subsequent surgery. *Spine J.* 2020;20(11):1729-1736. doi:10.1016/j.spinee.2020.06.012.
63. Koh WU, Choi SS, Park SY, et al. Transforaminal hypertonic saline for the treatment of lumbar lateral canal stenosis: A doubleblinded, randomized, active-control trial. *Pain Physician.* 2013;16:197-211.
64. Koltsov JC, Smuck MW, Zagel A, et al. Lumbar epidural steroid injections for herniation and stenosis: incidence and risk factors of subsequent surgery. *Spine J.* 2019;19(2):199-205. doi:10.1016/j.spinee.2018.05.034.
65. Lee BS, Nault R, Grabowski M, et al. Utility of repeat magnetic resonance imaging in surgical patients with lumbar stenosis without disc herniation. *Spine J.* 2019;19(2):191-198. doi:10.1016/j.spinee.2018.06.357.
66. Lee J, Choi K, Kang S et al. Nonsurgical treatments for patients with radicular pain from lumbosacral disc herniation. *Spine J.* 2019;19(9):1478-1489. doi:10.1016/j.spinee.2019.06.004.
67. Lee JH, An JH, Lee SH. Comparison of the effectiveness of interlaminar and bilateral transforaminal epidural steroid injections in treatment of patients with lumbosacral disc herniation and spinal stenosis. *Clin J Pain.* 2009;25:206-210.
68. Lee J, Kim S, Lee I, et al. Therapeutic effect and outcome predictors of sciatica treated using transforaminal epidural steroid injection. *Am J Roentgenol.* 2006;187:1427-1431.
69. Lee JH, Kim DH, Shin KS, Park SJ, Lee GJ, Lee CH, Yang HS. Comparison of clinical efficacy of epidural injection with or without steroid in lumbosacral disc herniation: A systematic review and meta-analysis. *Pain Physician.* 2018;21(5):449-468.
70. Lee K, Lin C, Hwang S, et al. Transforaminal periradicular infiltration guided by CT for unilateral sciatica—an outcome study. *Clin Imaging.* 2005;29:211-214.
71. Lipetz, J. Pathophysiology of inflammatory degenerative and compressive radiculopathies. *PMR Clin North Am.* 2002;13(3):439-449.
72. Liu K, Liu P, Liu R, Wu X, Cai M. Steroid for epidural injection in spinal stenosis: A systematic review and meta-analysis. *Drug Des Devel Ther.* 2015;9:707-716.
73. Liu J, Zhou H, Lu L, Li X, Jia J, Shi Z, Yao X, Wu Q, Feng S. The Effectiveness of Transforaminal Versus Caudal Routes for Epidural Steroid Injections in Managing Lumbosacral Radicular Pain: A Systematic Review and Meta-Analysis. *Medicine (Baltimore).* 2016;95(18):e3373.
74. Lutz G, Shen T. Fluoroscopically guided aspiration of a symptomatic lumbar zygapophyseal joint cyst: a case report. *Arch Phys Med Rehabil.* 2002;83(12):1789-1791.
75. Machado LA, de Souza MS, Ferreira PH, Ferreira ML. The McKenzie method for low back pain: a systematic review of the literature with a meta-analysis approach. *Spine (Phila Pa 1976).* 2006;31(9):E254-E262.
76. Machado LA, Maher CG, Herbert RD, Clare H, McAuley JH. The effectiveness of the McKenzie method in addition to first-line care for acute low back pain: a randomized controlled trial. *BMC Med.* 2010;8:10.
77. Macvicar J, King W, Landers MH, Bogduk N. The effectiveness of lumbar transforaminal injection of steroids: A comprehensive review with systematic analysis of the published data. *Pain Med.* 2013;14:14-28.
78. Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques of chronic spinal pain: Part II: Guidance and recommendations. *Pain Physician.* 2013;16:S49-S283.
79. Manchikanti L, Benyamin RM, Falco FJ, Kaye AD, Hirsch JA. Do epidural injections provide short- and long-term relief for lumbar disc herniation? A systematic review. *Clin Orthop Relat Res.* 2015;473:1940-1956.
80. Manchikanti L, Cash KA, McManus CD, Damron KS, Pampati V, Falco FJE. A randomized, double-blind controlled trial of lumbar interlaminar epidural injections in central spinal stenosis: 2-year follow-up. *Pain Physician.* 2015;18:79-92.

81. Manchikanti L, Cash KA, McManus CD, Pampati V. Fluoroscopic caudal epidural injections in managing chronic axial low back pain without disc herniation, radiculitis or facet joint pain. *J Pain Res.* 2012;5:381-390.
82. Manchikanti L, Cash KA, McManus CD, Pampati V, Benyamin RM. A randomized, double-blind, active-controlled trial of fluoroscopic lumbar interlaminar epidural injections in chronic axial or discogenic low back pain: Results of a 2-year follow-up. *Pain Physician.* 2013;16:E491-E504.
83. Manchikanti L, Cash KA, McManus CD, Pampati V, Benyamin R. Fluoroscopic lumbar interlaminar epidural injections in managing chronic lumbar axial or discogenic pain. *J Pain Res.* 2012;5:301-311.
84. Manchikanti L, Cash KA, McManus CD, Pampati V, Fellows B. Results of 2-year follow-up of a randomized, double-blind, controlled trial of fluoroscopic caudal epidural injections in central spinal stenosis. *Pain Physician.* 2012;15:371-384.
85. Manchikanti L, Cash KA, Pampati V, Falco FJE. Transforaminal epidural injections in chronic lumbar disc herniation: A randomized, double-blind, active-control trial. *Pain Physician.* 2014;17:E489-E501.
86. Manchikanti L, Falco FJE, Pampati V, Hirsch JA. Lumbar interlaminar epidural injections are superior to caudal epidural injections in managing lumbar central spinal stenosis. *Pain Physician.* 2014;17:E691-E702.
87. Manchikanti L, Cash KA, Pampati V, Malla Y. Fluoroscopic cervical epidural injections in chronic axial or disc-related neck pain without disc herniation, facet joint pain, or radiculitis. *J Pain Res.* 2012;5:227-236.
88. Manchikanti L, Cash KA, Pampati V, Malla Y. Two-year follow-up results of fluoroscopic cervical epidural injections in chronic axial or discogenic neck pain: A randomized, double-blind, controlled trial. *Int J Med Sci.* 2014;11:309-320.
89. Manchikanti L, Hirsch JA. An update on the management of chronic lumbar discogenic pain. *Pain Manag.* 2015;5:373-386.
90. Manchikanti L, Hirsch JA. Clinical management of radicular pain. *Expert Rev Neurother.* 2015;15:681-693.
91. Manchikanti L, Knezevic NN, Boswell MV, Kaye AD, Hirsch JA. Epidural injections for lumbar radiculopathy and spinal stenosis: A comparative systematic review and meta-analysis. *Pain Physician.* 2016; E365-E410.
92. Manchikanti L, Nampiaparampil DE, Manchikanti KN, et al. Comparison of the efficacy of saline, local anesthetics, and steroids in epidural and facet joint injections for the management of spinal pain: A systematic review of randomized controlled trials. *Surg Neurol Int.* 2015;6:S194- S235.
93. Manchikanti L, Pampati V, Benyamin RM, Boswell MV. Analysis of efficacy differences between caudal and lumbar interlaminar epidural injections in chronic lumbar axial discogenic pain: Local anesthetic alone vs. local combined with steroids. *Int J Med Sci.* 2015;12:214-222.
94. Manchikanti L, Singh V, Cash KA, Pampati V, Damron KS, Boswell MV. Effect of fluoroscopically guided caudal epidural steroid or local anesthetic injections in the treatment of lumbar disc herniation and radiculitis: A randomized, controlled, double blind trial with a two year follow-up. *Pain Physician.* 2012;15:273-286.
95. Manchikanti L, Singh V, Cash KA, Pampati V, Falco FJE. A randomized, double-blind, active control trial of the effectiveness of lumbar interlaminar epidural injections in disc herniation. *Pain Physician.* 2014; 7:E61-E74.
96. Manchikanti L, Singh V, Pampati V, Falco FJE, Hirsch JA. Comparison of the efficacy of caudal, interlaminar, and transforaminal epidural injections in managing lumbar disc herniation: Is one method superior to the other? *Korean J Pain.* 2015;28:11-21.
97. Manchikanti L, Staats PS, Nampiaparampil DE, Hirsch JA. What is the role of epidural injections in the treatment of lumbar discogenic pain: A systematic review of comparative analysis with fusion and disc arthroplasty. *Korean J Pain.* 2015;28:75-87.
98. Martha J, Swaim B, Wang D, Kim D Hll D, Bode R, Schwartz C. Outcome of percutaneous rupture of lumbar synovialcysts: a case series of 101 patients. *Spine J.* 2009;(11):899-904.
99. Mattie R, Schneider B, Smith C. *FactFinders for Patient Safety: Frequency of Epidural Steroid Injections.* Spine Intervention Society (SIS) ©2020. <http://www.spineintervention.org/page/FactFinders>.
100. McCormick Z, Cushman D, Casey E, Garvan C, Kennedy D, Plastares C. Factors associated with pain reduction after transforaminal epidural steroid injection for lumbosacral radicular pain. *Arch Phys Med Rehabil.* 2014;95(12): 2350-2356.
101. Melfi R, Aprill C. Percutaneous puncture of zygapophyseal joint synovial cyst with flouroscopic guidance. *Pain Med.* 2005;6(2):122-128.
102. Meng H, Fei Q, Wang B, et al. Epidural injections with or without steroids in managing chronic low back pain secondary to lumbar spinal stenosis: a meta-analysis of 13 randomized controlled trials. *Drug Des Devel Ther.* 2015;9:4657-4667.
103. Murakibhavi VG, Khemka AG. Caudal epidural steroid injection: A randomized controlled trial. *Evid Based Spine Care J.* 2011;2:19-26.
104. Ng L, Chaudhary N, Sell P. The efficacy of corticosteroids in periradicular infiltration for chronic radicular pain: A randomized, double-blind, controlled trial. *Spine (Phila Pa 1976).* 2005;30:857-862.
105. North American Spine Society (NASS). *Appropriate Use Criteria: Degenerative Lumbar Spondylolisthesis.* 2020. Burr Ridge, IL. North American Spine Society (NASS). Available at: <https://www.spine.org/Research/Appropriate-Use-Criteria>.
106. North American Spine Society (NASS). *Coverage Policy Recommendations: Epidural Steroid Injections & Selective Spinal Nerve Blocks.* Feb 2020. Burr Ridge, IL. North American Spine Society (NASS). Available at: <https://www.spine.org>.

107. North American Spine Society (NASS). *Evidence-Based Guideline for Multidisciplinary Spine Care: Clinical Guidelines for Diagnosis and Treatment of Lumbar Disc Herniation with Radiculopathy*. 2012. Burr Ridge, IL. North American Spine Society (NASS). Available at: <https://www.spine.org>.
108. North American Spine Society (NASS). *Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Cervical Radiculopathy from Degenerative Disorders*. 2010. Burr Ridge, IL. North American Spine Society (NASS). Available at: <https://www.spine.org>.
109. North American Spine Society (NASS). *Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis*. Revised 2011. Burr Ridge, IL. North American Spine Society (NASS). Available at: <https://www.spine.org>.
110. North American Spine Society (NASS). *Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Degenerative Lumbar Spondylolisthesis*. Revised 2014. Burr Ridge, IL. North American Spine Society (NASS). Available at: <https://www.spine.org>.
111. North American Spine Society (NASS). *Lumbar Transforaminal Epidural Steroid Injections Review & Recommendation Statement*. 2013. Burr Ridge, IL. North American Spine Society (NASS). Available at: <https://www.spine.org>.
112. Oliveira C, Maher C, Ferreira M, et al. *Cochrane Database Syst Rev*. 2020;4(CD013577):1-149. doi:10.1002/14651858.CD013577.
113. Park KD, Lee J, Jee H, Park Y. Kambin triangle versus the supraneural approach for the treatment of lumbar radicular pain. *Am J Phys Med Rehabil*. 2012;91:1039-1050.
114. Park Y, Lee JH, Park KD, Ahn JK, Park J, Jee H. Ultrasound-guided vs. fluoroscopy-guided caudal epidural steroid injection for the treatment of unilateral lower lumbar radicular pain: A prospective, randomized, single-blind clinical study. *Am J Phys Med Rehabil*. 2013;92:575-586.
115. Parr AT, Diwan S, Abdi S. Lumbar interlaminar epidural injections in managing chronic low back pain and lower extremity pain: a systematic review. *Pain Physician*. 2009;12(1):163-188.
116. Patel J, Schneider B, Smith C on behalf of SIS Patient Safety Committee. *Intrarticular Corticosteroid Injections and hyperglycemia*. 10/4/17.
117. Peng B, Wu, Li Z, Guo JWang X. Chemical Radiculitis. *Pain*. 2007;(1-2):11-16.
118. Pinto RZ, Maher CG, Ferreira ML, et al. Epidural corticosteroid injections in the management of sciatica: A systematic review and meta-analysis. *Ann Intern Med*. 2012;157:865-877.
119. Pirbudak L, Karakurum G, Oner U, Gulec A, Karadasli H. Epidural corticosteroid injection and amitriptyline for the treatment of chronic low back pain associated with radiculopathy. *Pain Clinic*. 2003;15:247-253.
120. Rados I, Sakic K, Fingler M, Kapural L. Efficacy of interlaminar vs transforaminal epidural steroid injection for the treatment of chronic unilateral radicular pain: prospective, randomized study. *Pain Med*. 2011;12:1316-1321.
121. Rathmell JP, Benzon HT, Dreyfuss P, et al. Safeguards to prevent neurologic complications after epidural steroid injections: consensus opinions from a multidisciplinary working group and national organizations. *Anesthesiology*. 2015;122:974-84. doi:10.1097/ALN.0000000000000614.
122. Riew KD, Yin Y, Gilula L, et al. *J Bone Joint Surg Am*. 2000;82:1589-1593.
123. Riew K, Park J, Cho Y, et al. Nerve root blocks in the treatment of lumbar radicular pain. A minimum five-year follow-up. *J Bone Joint Surg Am*. 2006;88(8):1722-1725.
124. Sabers S, Ross S, Grogg B, Lauder T. Procedure-based nonsurgical management of lumbar zygapophyseal joint cyst-induced radicular pain. *Arch Phys Med Rehabil*. 2005;86(9):1767-1771.
125. Saifuddin A, Mitchel R, Taylor B. Extradural inflammation associated with annular tears: Demonstration with gadolinium-enhanced lumbar spine MRI. *Eur Spine J*. 1999;8(1):34-39.
126. Sasso R, Macadaeg K, Nordmann D, Smith M. Selective nerve root injections can predict surgical outcome for lumbar and cervical radiculopathy: comparison to magnetic resonance imaging. *J Spinal Disord Tech*. 2005;18:471-478.
127. Sayegh FE, Kenanidis EI, Papavasiliou KA, Potoupnis ME, Kirkos JM, Kapetanios GA. Efficacy of steroid and nonsteroid caudal epidural injections for low back pain and sciatica: A prospective, randomized, double-blind clinical trial. *Spine (Phila Pa 1976)*. 2009;34:1441-1447.
128. Schaufele M, Hatch L, Jones W. Interlaminar versus transforaminal epidural injections for the treatment of symptomatic lumbar intervertebral disc herniations. *Pain Physician*. 2006;9:361-366.
129. Shah RD, Cappiello D, Suresh S. Interventional procedures for chronic pain in children and adolescents: a review of the current evidence. *World Institute of Pain*. 2016:359-369.

130. Shanthanna H, Busse JW, Thabane L, et al. Local anesthetic injections with or without steroid for chronic non-cancer pain: a protocol for a systematic review and meta-analysis of randomized controlled trials. *Syst Rev*. 2016;5:18.
131. Slipman C, Lipetz J, DePalma M, Jackson H. Therapeutic selective nerve root block in the nonsurgical treatment of traumatically induced cervical spondylotic radicular pain. *Am J Phys Med Rehabil*. 2004;83:446-454.
132. Slipman C, Lipetz J, Wakeshima Y, Jackson H. Nonsurgical treatment of zygapophyseal joint cyst-induced radicular pain. *Arch Phys Med Rehabil*. 2000;81(7):973-977.
133. Southern D, Lutz GE, Cooper G, Barre L. Are fluoroscopic caudal epidural steroid injections effective for managing chronic low back pain? *Pain Physician*. 2003;6(2):167-172.
134. Spijker-Huiges A, Vermeulen K, Winters JC, van Wijhe M, van der Meer K. Epidural steroids for lumbosacral radicular syndrome compared to usual care: quality of life and cost utility in general practice. *Arch Phys Med Rehabil*. 2015;96(3):381.
135. Staal JB, de Bie R, de Vet HCW, Hildebrandt J, Nelemans P. Injection therapy for subacute and chronic low back pain: an updated Cochrane review. *Spine*. 2009;34(1):49.
136. Stout A. Epidural Steroid injection for low back pain. *Phys Med Rehabil Clin N Am*. 2010;(4):825-834.
137. Tafazal S, Ng L, Chaudhary N, Sell P. Corticosteroids in peri-radicular infiltration for radicular pain: A randomised double blind controlled trial: one year results and subgroup analysis. *Eur Spine J*. 2009;18:1220-1225.
138. Thomas E, Cyteval C, Abiad L, et al. Efficacy of transforaminal -versus interspinous corticosteroid injection in discal radiculalgia – A prospective, randomised, double-blind study. *Clin Rheumatol*. 2003;22:299-304.
139. Vad VB, Bhat AL, Lutz GE, Cammisa F. Transforaminal epidural steroid injections in lumbosacral radiculopathy: A prospective randomized study. *Spine (Phila Pa 1976)*. 2002;27:11-16.
140. Valat J, Genevay S, Marty M, Rozenberg S, Koes B. Sciatica. *Best Pract Res Clin Rheumatol*. 2010;24(2):241-252.
141. Valat J, Giraudeau B, Rozenberg S, et al. Epidural corticosteroid injections for sciatica: a randomised, double blind, controlled clinical trial. *Ann Rheum Dis*. 2003;62:639-643.
142. Van Eijs F, Stanton-Hicks M, Van Zundert J, et al. Evidence-based interventional pain medicine according to clinical diagnoses. 16. Complex Regional Pain Syndrome. *Pain Pract*. 2010;11(1):70-87. doi:10.1111/j.1533-2500.2010.00388.x.
143. Van Helvoirt H, Apeldoorn A, Ostelo R, et al. Transforaminal epidural steroid injections followed by mechanical diagnosis and therapy to prevent surgery for lumbar disc herniation. *Pain Med*. 2014;15(7):1100-1108.
144. Van Wijck A, Opstelten W, Moons K, et al. The PINE study of epidural steroids and local anaesthetics to prevent postherpetic neuralgia: a randomised controlled trial. *Lancet*. 2006;367(9506):219-224. doi:10.1016/s0140-6736(06)68032-x.
145. Van Wijck A, Wallace M, Mekhail N, van Kleef M, et al. Evidence-based interventional pain medicine according to clinical diagnoses. 17. Herpes Zoster and Post-Herpetic Neuralgia. *Pain Pract*. 2010;11(1):88-97. doi:10.1111/j.1533-2500.2010.00428.x.
146. Wei G, Liang J, Chen B, Zhou C, Ru N, Chen J, Zhang F. Comparison of transforaminal versus interlaminar epidural steroid injection in low back pain with lumbosacral radicular pain: a meta-analysis of the literature. *Int Orthop*. 2016;40(12):2533-2545. doi:10.1007/s00264-016-3220-5.
147. Wilby M, Best A, Wood E, et al. Microdiscectomy compared with transforaminal epidural steroid injection for persistent radicular pain caused by prolapsed intervertebral disc: the NERVES RCT. *Health Technol Assess*. 2021;25(24):1-86. doi:10.3310/hta25240.
148. Wilson-MacDonald J, Burt G, Griffin D, Glynn C. Epidural steroid injection for nerve root compression. A randomised, controlled trial. *J Bone Joint Surg Br*. 2005;87:352-355.
149. Woodward J, Herring S, Windsor R, ed. Lennard T. *Epidural Procedures in Spine Pain Management*. Pain Procedures in Clinical Practice. 2nd ed. Hanley and Belfus Inc. Philadelphia. 2000:359.
150. Zhai J, Zhang L, Li M, et al. Epidural injection with or without steroid in managing chronic low back and lower extremity pain: A meta-analysis of ten randomized controlled trials. *Int J Clin Exp Med*. 2015;8(6):8304-8316.
151. Zhai J, Zhang L, Li M, Tian Y, Zheng W, Chen J, Huang T, Li X, Tian Z. Epidural injection with or without steroid in managing chronic low back and lower extremity pain: A meta-analysis of ten randomized controlled trials. *Am J Ther*. 2017;24(3):e259-e269.