



CLINICAL GUIDELINES

CMM-207: Epidural Adhesiolysis Guidelines

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EviCore
By **EVERNORTH**

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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CMM-207: Epidural Adhesiolysis

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Definitions

- **Epidural Adhesiolysis** (also known as epidural neurolysis, epidural decompressive neuroplasty, and Racz neurolysis): a treatment for back pain that involves disruption, reduction, and/or elimination of fibrous tissue from the epidural space, which is carried out by either catheter manipulation or the injection of saline or other adhesiolytic agents. A catheter is used to enter the epidural space through a caudal, interlaminar, or transforaminal approach. The goal is to free the nerve root of adhesions and allow introduction of medications to the affected nerve root. An anesthetic along with a glucocorticosteroid may also be injected as part of the procedure. These procedures may also involve spinal endoscopy to visually address the adhesions.

General Guidelines

There is insufficient scientific evidence to support the use of epidural adhesiolysis, performed by catheter or endoscopically, as a treatment for back pain.

Non-Indications

Epidural adhesiolysis, performed by catheter or endoscopically, as a treatment for back pain is considered **experimental, investigational, or unproven (EIU)**.

Codes (CMM-207)

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
62263	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62280	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)

References (CMM-207)

1. American College of Occupational and Environmental Medicine (ACOE). *Occupational Medicine Practice Guideline*. 2nd ed. 2008.
2. American Medical Association (AMA). *Current Procedural Terminology–2014 Professional Edition*.
3. Belozer M, Wang G. Epidural Adhesiolysis for the Treatment of Back Pain, Health Technology Assessment. *Washington State Department of Labor and Industries*. July 13, 2004.
4. Boswell M, Shah R, Everett C, et al. Interventional Techniques: Evidence-based Practice Guidelines in the Management of Chronic Spinal Pain. *Pain Physician*. 2007;10:7-111.
5. Boswell M, Shah R, Everett C, et al. Interventional techniques in the management of chronic spinal pain: evidence-based practice guidelines. *Pain Physician*. 2005;8(1):1-47.
6. Brito-García N, García-Pérez L, Kovacs F et al. Efficacy, Effectiveness, Safety, and Cost-effectiveness of Epidural Adhesiolysis for Treating Failed Back Surgery Syndrome. A Systematic Review. *Pain Med*. 2018;20(4):692-706. doi:10.1093/pm/pny233.
7. Cahana A, Mavrocordatos P, Geurts J, Groen G. Do minimally invasive procedures have a place in the treatment of chronic low back pain? *Expert Rev Neurother*. 2004;4(3):479-490.
8. Choi E, Nahm FS, Lee PB. Evaluation of prognostic predictors of percutaneous adhesiolysis using a Racz catheter for post lumbar surgery syndrome or spinal stenosis. *Pain Physician*. 2013;16:E531-E536.
9. Chopra P, Smith H, Deer T, Bowman R. Role of Adhesiolysis in the Management of Chronic Spinal Pain: A Systematic Review of Effectiveness and Complications. *Pain Physician*. 2005;8(1):87-100.
10. Hammer M, Doleys D, Chung O. Transforaminal ventral epidural adhesiolysis. *Pain Physician*. 2001;4:273-279.
11. Heavner J, Racz G, Raj P. Percutaneous epidural neuroplasty: prospective evaluation of 0.9% NaCl versus 10% NaCl with or without hyaluronidase. *Reg Anesth Pain Medicine*. 1999;24(3):202-207.
12. Gerdesmeyer L, Wagenpfeil S, Birkenmaier C, et al. Percutaneous epidural lysis of adhesions in chronic lumbar radicular pain: A randomized double-blind placebo controlled trial. *Pain Physician*. 2013;16:185-196.
13. Helm II S, Benyamin RM, Chopra P, Deer TR, Justiz R. Percutaneous adhesiolysis in the management of chronic low back pain in post lumbar surgery syndrome and spinal stenosis: A systematic review. *Pain Physician*. 2012;15:E435-E462.
14. Helm II S, Benyamin RM, Falco FJE. Refinement in evidence synthesis of percutaneous adhesiolysis. *Pain Physician*. 2013;16:177-184.
15. Helm II S, Hayek SM, Colson J, et al. Spinal endoscopic adhesiolysis in post lumbar surgery syndrome: An update of the assessment of the evidence. *Pain Physician*. 2013;16:SE125-SE150.
16. Igarashi T, Hirabayashi Y, Seo N, et al. Lysis of adhesions and epidural injection of steroid/local anesthetic during epiduroscopy potentially alleviate low back and leg pain in elderly patients with lumbar spine stenosis. *Br J Anaesth*. 2004;93:181-187.
17. Kim SH, Choi WJ, Suh JH, et al. Effects of transforaminal balloon treatment in patients with lumbar foraminal stenosis: A randomized, controlled, double-blind trial. *Pain Physician*. 2013;16:213-224.
18. Koh WU, Choi SS, Park WY, et al. Transforaminal hypertonic saline for the treatment of lumbar lateral canal stenosis: A double-blinded, randomized, active-control trial. *Pain Physician*. 2013;197-211.
19. 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.
20. Manchikanti L, Bakhit C. Percutaneous lysis of epidural adhesions. *Pain Physician*. 2000;3(1):46-64.
21. Manchikanti L, Boswell M, Rivera J, et al. A randomized, controlled trial of spinal endoscopic adhesiolysis in chronic refractory low back and lower extremity pain. *BMC Anesthesiol*. 2005;5:10.
22. Manchikanti L, Cash KA, McManus CD, Pampati V. Assessment of effectiveness of percutaneous adhesiolysis in managing chronic low back pain secondary to lumbar central spinal canal stenosis. *Int J Med Sci*. 2013;10:50-59.
23. Manchikanti L, Manchikanti KN, Gharibo CG, Kaye AD. Efficacy of percutaneous adhesiolysis in the treatment of lumbar post surgery syndrome. *Anesth Pain Med*. 2015;in press.
24. Manchikanti L, Pampati V, Fellows B, et al. Role of one day epidural adhesiolysis in management of chronic low back pain: A randomized clinical trial. *Pain Physician*. 2001;4:153-166.
25. Manchikanti L, Pampati V, Rivera J, et al. Effectiveness of percutaneous adhesiolysis and hypertonic saline neurolysis in refractory spinal stenosis. *Pain Physician*. 2001;4:366-373.
26. Manchikanti L, Rivera J, Pampati V, et al. One day lumbar epidural adhesiolysis and hypertonic saline neurolysis in treatment of chronic low back pain: A randomized, double-blind trial. *Pain Physician*. 2004;7:177-186.
27. Manchikanti L, Singh V, Cash KA, Pampati V, Datta S. Assessment of effectiveness of percutaneous adhesiolysis and caudal epidural injections in managing lumbar post surgery syndrome: A 2-year follow-up of randomized, controlled trial. *J Pain Res*. 2012;5:597-608.
28. Trescot A, Chopra P, Abdi S, et al. Systematic review of effectiveness and complications of adhesiolysis in the management of chronic spinal pain: an update. *Pain Physician*. 2007;10(1):129-146.

29. Urits I, Schwartz RH, Brinkman J, et al. An Evidence Based Review of Epidurolysis for the Management of Epidural Adhesions. *Psychopharmacol Bull.* 2020;50(4 Suppl 1):74-90.
30. Veihelmann A, Devens C, Trouillier H, et al. Epidural neuroplasty versus physiotherapy to relieve pain in patients with sciatica: a prospective randomized blinded clinical trial. *J Orthop Sci.* 2006;11(4):365-369.