Aetna Musculoskeletal Program
Clinical Frequently Asked Questions

Important note: *The frequently asked questions for interventional pain procedures and large joint surgeries are for non-Medicare member cases. Please refer to the Centers for Medicare & Medicaid Services website at https://www.cms.gov/medicare-coverage-database for specific Medicare guidelines.*

Interventional Pain Procedures

When requesting a precertification for epidural steroid injections, I am receiving denials due to lack of confirmation of radiculopathy even though radiculopathy is documented in the medical record. Why are my requests being denied?

Confirmation of radiculopathy requires documentation that satisfies the definition of radiculopathy for epidural steroid injections. Documentation of subjective complaints of lower back, buttock and leg pain or neck, shoulder and arm pain and concordant objective evidence of radiculopathy is required. Objective evidence of radiculopathy includes altered sensation of an involved named spinal nerve root demonstrated on a detailed neurological examination and/or loss of strength/atrophy of a specific named muscle and/or an absent deep tendon reflex of an involved named spinal nerve root. In the absence of concordant objective evidence of radiculopathy on a detailed neurological examination, documentation of concordant results of advanced diagnostic imaging studies and/or electrodiagnostic studies are required to satisfy the definition of radiculopathy. Please refer to the Aetna epidural steroid medical policy for additional information.

When I request a series of epidural steroid injections I am only receiving authorization for one injection. Why am I not receiving an authorization for a series of epidural steroid injections when it is medically necessary?

Evidence-based medicine does not support the medical necessity of a series of three (3) epidural steroid injections. 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 patient's functional abilities. Please refer to the Aetna epidural steroid medical policy for additional information.

In my medical records I am documenting the patient's improvement from the previous injection but I'm receiving denials in regards to 'absence of improvement' following the previous injection. Why are my requests denied when improvement is documented?

Repeat epidural steroid injections are considered not medically necessary when there has not been at least 50% pain relief for a minimum of two (2) to four (4) weeks, documented increase in the patient's functional abilities (i.e. return to work), documented reduction in the use of pain medication and/or additional medical services such as physical therapy/chiropractic care. Please refer to the Aetna epidural steroid medical policy for additional information.

Why are my precertification requests for a subsequent epidural steroid injection being denied because it is too soon since the previous injection?

No more than three (3) epidural steroid injections should be performed per episode of pain and no more than four (4) injections per spinal region per year. Repeat epidural steroid injections is considered not medically necessary when there has not been at least 50% pain relief for at least two (2) weeks, documented increase in the patient's functional abilities (i.e. return to work), documented reduction in the use of pain medication and/or additional medical services such as physical therapy/chiropractic care. Please refer to the Aetna epidural steroid injection medical policy for additional information.

When I request a precertification for a facet joint injection or a medial branch block I am receiving denials that there is not a plan to perform a radiofrequency ablation. This is a customary plan of care and I am unsure why my requests are being denied.

Evidence-based medicine does not support the medical necessity of a second facet joint injection/medial branch block when the initial facet joint injection/medial branch block is considered positive. A positive diagnostic response to the initial facet joint/injection/medial branch block is considered when the patient has reported greater than 50% pain relief for 80% of the duration of the effect of the local anesthetic used. When facet joint injection/medial branch block is performed with local anesthetic and a corticosteroid, a positive response to the procedure is considered when the patient has reported at least a 50% reduction in their pain for at least two (2) weeks. Please refer to the Aetna radiofrequency joint ablations/denervations medical policy for additional information.

My patients always receive a trial of conservative care prior to an epidural steroid injection or facet joint injection/medial branch block being scheduled but I am receiving denials indicating that the medical record indicates an absence of participation in a sufficient trial of conservative care Please explain in more detail.

Evidence-based medicine supports the use of epidural steroid injections and facet joint injection/medial branch block as being medically necessary for pain lasting more than two (2) or more weeks or three (3) or more months respectively despite appropriate conservative treatment e.g. exercise, physical methods including physical therapy and/or chiropractic care, NSAIDs and/or other pharmacologic management). Please refer to the Aetna epidural steroid and facet joint injection/medial branch block medical policies for additional information.

Large Joint Surgery

A reasonable trial of non-surgical treatment is not going to help my patient with osteoarthritis so why are my requests for joint arthroplasty surgery being denied for this reason?

Evidence-based medicine does support documented failure of a reasonable trial of physician directed non-surgical treatment as being medically necessary prior to elective large joint reconstructive surgical procedures. Non-surgical care is defined by the Aetna medical policy as any non-surgical treatment which has been demonstrated in the scientific literature as efficacious and/or is considered a standard of care in the treatment of large joint pain. The types of non-surgical treatment can include, but are not limited to, relative rest/activity modification, physiotherapy modalities, supervised therapeutic exercise, oral medications, bracing (knee) and injections (corticosteroid and/or viscosupplementation).

The medical records included with my precertification request include the documentation of bone-on-bone degenerative arthritis. Why am I receiving a denial for joint arthroplasty surgery?

Evidence-based medicine does support the medical necessity of joint arthroplasty surgery with documentation of Grade IV modified Outerbridge Classification articular cartilage and/or Kellgren-Lawrence Grade IV osteoarthritic changes. Evidence-based medicine supports the medical necessity of joint arthroplasty surgery when in addition to degenerative findings the patient has failed at least twelve (12) weeks of physician-directed non-surgical care and has also demonstrated chronic, severe, disabling joint pain for at least six (6) months in duration and a documented loss of joint function to the extent which interferes with the patient's ability to carry out their age appropriate activities of daily living and/or their demands of employment. If physician-directed non-surgical care is not deemed to be clinically appropriate (e.g. Stage III collapse of the femoral head from AVN), the medical record must clearly document why such approach is not reasonable. Please refer to the Aetna medical policies for hip and knee joint arthroplasty surgery for additional information.