

Department:	Medical Management	Original Approval:	10/16/2017
Policy #:	MM149	Last Approval:	02/01/2019
Title:	Spinal Injections		
Approved By:	UM Committee		

REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

1. History and/or physical examination notes and relevant specialty consultation notes that address the problem and need for the service
2. Documentation of conservative therapy that has been tried including physical therapy and medication management
3. All previous interventions for the problem, including dates and the patient's response to the intervention
4. Imaging studies
5. Lab values if pertinent

BACKGROUND

This policy is written to ensure decisions on requests for Spinal Injections meet Washington State healthcare Authority Health Technology Assessment Program criteria.

Topic Summary (from: <https://www.hca.wa.gov/about-hca/health-technology-assessment/spinal-injections>)

Back and neck pain are common conditions, with 60 to 80% percent of U.S. adults afflicted at some time during their life. Back pain and neck pain are the most common causes of disability and loss of productivity. Approximately 90% of low back pain is of the nonspecific type, and a similar majority of neck pain is non-specific. Most patients' symptoms resolve satisfactorily within a relatively short time span (six weeks). In 5 to 10% of patients, pain does not satisfactorily resolve. The symptoms can be disabling and the social and economic impact of chronic pain is enormous. Discovering the cause for nonspecific low back and neck pain symptoms remains challenging. Some psychosocial risk factors for the progression to chronicity have been identified, but the origin and neurophysiologic pain sensations are poorly understood.

Chronic pain treatment may include pharmacological treatment, physical therapy, psychological care and coping skills, exercise, education, antidepressants, cognitive behavioral therapy and supported self-management, spinal manipulations, electrical stimulation, injections, implanted devices, and other surgical treatment. Treatment strategies generally begin with the least invasive and low risk interventions and progress if the treatments are not effective. Treatment often involves a combination of interventions.

Spinal injections are not usually performed until non-surgical treatments have been given a fair trial and have not provided adequate relief. Intraspinous injections are intended to provide relief by injection of an anti-inflammatory agent (e.g. steroid); and/or anesthetic into the spine or space around the spinal nerves and joints. Intraspinous injections include epidural steroid injections, facet joint injections, medial branch block, sacroiliac joint injections and intradiscal steroid injections.

FDA warning issued 04-23-2014: “The U.S. Food and Drug Administration (FDA) is warning that injection of corticosteroids into the epidural space of the spine may result in rare but serious adverse events, including loss of vision, stroke, paralysis, and death. The injections are given to treat neck and back pain, and radiating pain in the arms and legs. We are requiring the addition of a Warning to the drug labels of injectable corticosteroids to describe these risks. Patients should discuss the benefits and risks of epidural corticosteroid injections with their health care professionals, along with the benefits and risks associated with other possible treatments”.

DEFINITIONS

Conservative Treatment: (as defined in the CHPW policy MM162-Medical Appropriateness for Service or Medication Clinical Coverage Criteria)

Where policies and guidelines stipulate that Conservative Treatment must have been tried, conservative treatment is defined as 6 weeks regular attendance, participation and compliance with any of the following therapies (list includes therapies which may not be covered by CHPW):

- Appropriate medications
- Physical therapy
- Chiropractic Therapy
- Supervised home exercise
- Acupuncture
- Massage

Epidural steroid injection: Injection of corticosteroid into the epidural space in the spine. The steroid is injected directly around the dura, the sac around the nerve roots that contains cerebrospinal fluid. Prior to the injection, the skin is anesthetized by using a local anesthetic. This procedure can be done two different ways: Interlaminar Epidural Steroid Injection, in the midline, or transforaminal Epidural Steroid Injection, through the neural foramen (opening at the side of the spine where a nerve roots exits).

Facet Injection: Injection directly into the facet joint. (Not a covered benefit).

Facet Neurotomy (Also called radiofrequency ablation): procedure to damage or destroy the nerve to the facet. (Covered benefit described in the HTA policy on Facet Neurotomies, HTA (20140321B: Facet neurotomy 2014).

Intradiscal Injection: Injection directly into the intervertebral disc. (Not a covered benefit for Apple Health).

Lateral Branch Nerve Block: Injection of anesthetic agent (short or long acting) near the lateral branch nerves in the sacroiliac region as diagnostic injection with intention of following up with a radiofrequency ablation of that nerve for treatment of sacroiliac joint pain.

Medial Branch Nerve Block (Also called Facet Nerve Block): Injection of anesthetic agent (short or long acting) near the facet joint to anesthetize the nerve to the facet joint. This is not an injection into the facet joint.

Sacroiliac Joint Injection: Injection of a steroid into the sacroiliac joint.

MEDICARE MEMBERS:

INDICATIONS/CRITERIA

Lumbar Epidural steroid injection: [Noridian LCD L34980, Lumbar epidural injections](#)

All other epidural steroid injections: current edition of MCG Epidural Corticosteroid Injection
ACG: A-0225 (AC)

Facet Injection: [Noridian Local Coverage Determination \(LCD\): Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy \(L34995\)](#)

Facet Neurotomy (Also called radiofrequency ablation): [Noridian Local Coverage Determination \(LCD\): Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy \(L34995\)](#)

Intradiscal Injection:

The criteria to be applied for evaluation of medical necessity of intradiscal injection is the Health Care Authority Health Technology Assessment ([HTA 20160318B – Spinal Injections, May 20, 2016](#)).

Lateral Branch Nerve Block and SI radiofrequency denervation: This type of nerve block, and the radiofrequency ablation that follows, are unlikely to provide significant benefit. According to a Cochrane review from 10/23/15, the SI joint radiofrequency denervation has no effect over the short term and only a small effect in one study 1-6 months after procedure.
https://www.cochrane.org/CD008572/BACK_radiofrequency-denervation-chronic-low-back-pain

Thermal Intradiscal Procedures:

[National Coverage Determination \(NCD\) for Thermal INTRADISCAL Procedures \(TIPs\) \(150.11\)](#)

Centers for Medicare and Medicaid Services has determined that TIPs are not reasonable and necessary for the treatment of low back pain.



Medial Branch Nerve Block (Also called Facet Nerve Block): [Noridian Local Coverage Determination \(LCD\): Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy \(L34995\)](#)

Sacroiliac Joint Injection: The criteria to be applied for evaluation of medical necessity of SI joint injection is the Health Care Authority Health Technology Assessment ([HTA 20160318B – Spinal Injections, May 20, 2016](#)).

For other spinal injections for Medicare:

If there is no NCD or LCD, use the current edition of MCG.

All spinal injections require failure of conservative therapy.

APPLE HEALTH MEMBERS:

Limitations of Coverage:

Non-Covered Procedures: Facet injections, intradiscal injections, and **Therapeutic** Medial Branch Nerve Block injections are not covered benefits. Diagnostic Medial Branch Nerve Blocks for headaches or for the thoracic spine are not covered benefits.

CLINICAL COVERAGE CRITERIA:

Epidural Steroid Injections:

Therapeutic epidural injections in the lumbar or cervical-thoracic spine for chronic pain are covered benefits when all of the following conditions are met:

- The injection contains a corticosteroid medication
- For treatment of radicular pain;
- The diagnosis of radicular pain must be supported by documented imaging studies that confirm that the pain is due to compression of a spinal nerve root.
- With fluoroscopic guidance;
- After failure of conservative therapy care (see MM162 Medical Appropriateness for Service or Medication Clinical Coverage Criteria for the definition of Conservative Care, also listed above under definitions);
- No more than two (2) injections without clinically meaningful improvement in pain and function; and
- Maximum of three (3) epidural steroid injections is allowed in six (6) months

Facet injections:

Facet injections are not covered benefits.

Intradiscal injections:

Intradiscal injections are not covered benefits.

Lateral Branch Nerve Block and SI radiofrequency denervation: This type of nerve block, and the radiofrequency ablation that follows, are unlikely to provide significant benefit. According to a Cochrane review from 10/23/15, the SI joint radiofrequency denervation has no effect over the short term and only a small effect in one study 1-6 months after procedure.

https://www.cochrane.org/CD008572/BACK_radiofrequency-denervation-chronic-low-back-pain

Medial Branch Nerve Blocks:

Diagnostic Medial Branch Nerve Blocks are a covered benefit if a potential positive response is intended to lead to a planned approved procedure. (i.e. a facet neurotomy) Therefore, the following criteria are based on the WA HCA HTA (20140321B: Facet Neurotomy 2014). (The HCA policy on Facet Neurotomy states that the criteria for approval of a facet neurotomy include a positive response to Diagnostic Medial Branch Nerve Blocks with both a short acting and a long acting anesthetic. See the HTA Facet Neurotomy policy for details.)

Cervical Diagnostic Medial Branch Nerve Block for investigation of cervical pain

is a covered benefit with requirement for all of the following criteria:

- Limited to C3 - 4, through C6 -7
- Patient(s) over 17 years of age, and:
- Has at least six months of continuous neck pain referable to the facet joint
- The pain is non-radicular (does not radiate down an extremity)
- Condition is unresponsive to other therapies including conservative care (see MM162 Medical Appropriateness for Service or Medication Clinical Coverage Criteria for the definition of Conservative Care, also listed above under definitions)
- There are no other clear structural cause of neck pain
- No other pain syndrome affecting the spine
- One Medial Branch Nerve Block per each intervention and no more are permitted for 6 months after a neurotomy being performed. (A maximum of 1 cervical neurotomy is allowed per 6 month period according to the WA HCA HTA 20140321B: Facet neurotomy 2014)

Lumbar Diagnostic Medial Branch Nerve Block for investigation of low back pain

is a covered benefit with requirement for all of the following criteria:

- Patient(s) must be over 17 years of age, and:
- Has at least six months of continuous low back pain referable to the facet joint
- The pain is non-radicular pain (does not radiate down an extremity)
- Condition is unresponsive to other therapies including conservative care for 6 weeks (see MM162 Medical Appropriateness for Service or Medication Clinical Coverage Criteria for the definition of Conservative Care, also listed above under definitions)
- There are no other clear structural cause of back pain
- There is no other pain syndrome affecting the spine.
- One or two Medial Branch Nerve Block is allowed per each intervention and no more are permitted for 6 months after a neurotomy has been performed. (A maximum of 2 neurotomies is allowed per 6 month period according to the WA HCA HTA 20140321B: Facet neurotomy 2014)

Criteria for Second Medial Branch Nerve Block, Cervical or Lumbar

If the initial approval for diagnostic Medial Branch Nerve Block expires before the two separate injections with short and long acting anesthetic agents can be completed, a second injection can be approved if the member had an adequate response to the first injection so that a Facet Neurotomy would not be contraindicated (according to the WA HCA HTA 20140321B: Facet neurotomy 2014)

- For Cervical Medial Branch Nerve Block, this requires documentation of 100% improvement after the first injection
- For Lumbar Medial Branch Nerve Block, this requires documentation of 80% improvement after the first injection

Non-Covered Medial Branch Nerve Blocks (For Apple Health Members)

- **Diagnostic Medial Branch Nerve Block for the thoracic spine is not covered.**
 - Because facet neurotomy is not covered for the thoracic spine (WA HCA HTA 20140321B: Facet neurotomy 2014)
- **Diagnostic Medial Branch Nerve Block for headache is not covered.**
 - Because facet neurotomy is not covered for the indication of headache (WA HCA HTA 20140321B: Facet neurotomy 2014)
- **Therapeutic Medial Branch Nerve Blocks are not covered.**

Sacroiliac Joint Injections:

Therapeutic sacroiliac joint injection for chronic pain is a covered benefit when all of the following conditions are met:

- The injection contains a corticosteroid medication
- With fluoroscopic guidance or CT guidance;
- After failure of conservative therapy care (see MM162 Medical Appropriateness for Service or Medication Clinical Coverage Criteria for the definition of Conservative Care, also listed above under definitions); and
- No more than one without clinically meaningful improvement in pain and function.

For other spinal injections not specifically listed for Apple Health Members, the current edition of MCG provides guidance.

All spinal injections require failure of conservative therapy.

For review of **Facet Neurotomy**, see HTA policy on Facet Neurotomies, HTA (20140321B: Facet neurotomy 2014). Consideration of “clinically meaningful improvement” is dependent on expectations for the underlying condition.

SPECIAL CONSIDERATIONS

The section of the policy above only applies to spinal injections for the treatment of pain and not to intrathecal injections of medications for treatment of conditions other than pain.

Non-pain indications for spinal injections include:

- Chemotherapy administration
- Spinraza for spinal muscular atrophy
 - Spinraza is reviewed and covered by the HCA with CHPW covering the cost of the intrathecal injections
- Baclofen for spasticity that has failed oral baclofen.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR		
WAC	WAC 284-43-2050	
RCW		
Contract Citation	<input checked="" type="checkbox"/> WAH	HTA Spinal Injections; 11.2.9 The Contractor shall follow the coverage decisions of the Health Technology Assessment (HTA) program (chapter 182-55 WAC)
	<input checked="" type="checkbox"/> IMC	
	<input checked="" type="checkbox"/> MA	
Other Requirements		
NCQA Elements		
References	https://www.hca.wa.gov/about-hca/health-technology-assessment/spinal-injections	

Revision History

Revision Date	Revision Description	Revision Made By
06/09/2016	New policy written	Kate Brostoff MD
06/28/2016	Approval	MMLT
05/23/2017	Policy revised, links updated. Medicare advantage policy source clarified	LuAnn Lawton Chen, MD
05/23/2017	Approval	MMLT
10/16/2017	Typo corrected "Maximum of there (3) in six (6) months" changed to "Maximum of three (3) in six (6) months"	Cyndi Stilson, RN
10/16/2017	Approved	MMLT
03/27/2018	Changed from UM159 to MM149	Cindy Bush
04/23/2018	Transferred to new template	Cindy Bush
05/11/2018	Incorporated the WA HCA HTA 20140321B: Facet neurotomy to explain clinical coverage criteria for diagnostic Medial Branch Nerve Blocks. Definition of conservative therapy added. List of required documentation added.	LuAnn Chen, MD
06/22/2018	Approval	UM Committee
07/05/2018	Links added for Noridian LCDs	LuAnn Chen, MD
08/02/2018	For Medicare Members, expanded the criteria for spinal injections and specified that the HTA criteria for SI joint injections applies to Medicare Members. For all members, conservative therapy must have failed before spinal injections are approved.	LuAnn Chen, MD
08/14/2018	Approval	UM Medical Subcommittee
10/24/2018	Added criteria for second diagnostic medial branch nerve block for after initial approval expires. Added FDA warning for epidural steroid injections. Removed policy context for the HTA.	LuAnn Chen, MD
11/21/2018	Approval	UM Committee
01/07/2019	Added requirement for a therapeutic epidural or SI joint injection to contain a corticosteroid medication	LuAnn Chen, MD
01/15/2019	Approval	UM Committee
01/28/2019	Added information on lateral branch nerve blocks and radiofrequency ablation for treatment of SI joint pain. Added section on non-pain indications for spinal injections.	LuAnn Chen, MD

02/01/2019	Approval	UM Committee
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