

Clinical Policy: Caudal or Interlaminar Epidural Steroid Injections

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Effective Date: 09/18

Last Review Date: 6/30/2021

[Coding Implications](#)

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Description

Epidural steroid injections have been used for pain control in patients with radiculopathy, spinal stenosis, and nonspecific low back pain, despite inconsistent results as well as heterogeneous populations and interventions in randomized trials. Epidural injections are performed utilizing three approaches in the lumbar spine: caudal, interlaminar, and transforaminal. Generally, candidates for epidural steroid injection are individuals who have acute radicular symptoms or neurogenic claudication unresponsive to traditional analgesics and rest, with significant impairment in activities of daily living.

Policy/Criteria

It is the policy of Pennsylvania Health and Wellness® (PHW) that invasive pain management procedures performed by a physician are medically necessary when *the relevant criteria are met and the patient receives only one procedure per visit, with or without radiographic guidance and the member is not currently being treated with full anticoagulation therapy. If on warfarin, international normalized ratio (INR) should be ≤ 1.4 prior to the procedure.* Discontinuing antiplatelet therapy is a clinical decision balancing risks and benefits of the procedure on therapy, versus the underlying medical condition if not treated appropriately.

- I. It is the policy of Pennsylvania Health and Wellness® that caudal or interlaminar epidural steroid injections (ESIs) are **medically necessary** for the following indications:
 - A. *One caudal or interlaminar ESI for acute pain management (pain lasting < 3 months) is considered **medically necessary** when all of the following are met:*
 1. There is severe radicular pain that interferes substantially with ADLs;
 2. Severe pain persists after treatment with NSAID and/or opiate (both ≥ 3 days or contraindicated/not tolerated);
 3. The member cannot tolerate chiropractic or physical therapy and the injection is intended as a bridge to therapy.
 - B. *Initial ESI for chronic pain, all of the following:*
 1. One caudal or interlaminar ESI is requested at one level in the cervical, thoracic or lumbar region;
 2. Persistent radicular pain has been caused by spinal stenosis, disc herniation or degenerative changes in the vertebrae, as confirmed by physical exam and imaging;
 3. Pain interferes with activities of daily living, and has lasted for at least 3 months;
 4. The member has failed to respond to conservative therapy including all of the following:
 - a. ≥ 6 weeks chiropractic, physical therapy or prescribed home exercise program;
 - b. NSAID ≥ 3 weeks or NSAID contraindicated or not tolerated;
 - c. ≥ 6 weeks activity modification;

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5. Absence of systemic infection or local infection at the site of a planned injection.
- C.** *Second caudal or interlaminar ESI for chronic pain that **did not** improve from the first ESI, all of the following:*
1. One ESI is requested at one level in the cervical, thoracic or lumbar region;
 2. At least 2 weeks have passed since the first ESI.
- D.** *Second or subsequent caudal or interlaminar ESI for chronic pain that **improved** from the first or second ESI, all of the following:*
3. Initial injection(s) led to $\geq 50\%$ relief for at least 2 months, associated with functional improvement;
 4. At least 2 months have passed since the last ESI;
 5. Less than 4 injections have been administered within 12 months;
 6. Less than 12 months have elapsed since the initial injection at the level requested.
- II.** It is the policy of PHW that *A third or subsequent caudal or interlaminar ESI for chronic pain that **did not** improve from the first two ESIs is considered **not medically necessary** because effectiveness has not been established.*
- III.** It is the policy of PHW that *continuation of injections beyond 12 months or more than 4 therapeutic injections is considered **not medically necessary** because effectiveness and safety has not been established. When more definitive therapies cannot be tolerated or provided, consideration will be made on a case by case basis.*
- IV.** It is the policy of PHW that *caudal or interlaminar ESI for any other indication or location is considered **not medically necessary** because effectiveness has not been established.*

Background

There is much debate on the efficacy and medical necessity of multiple interventions for managing spinal pain. Epidural glucocorticoid injections have been used for pain control in patients with radiculopathy, spinal stenosis, and nonspecific low back pain despite inconsistent results as well as heterogeneous populations and interventions in randomized trials. Epidural injections are performed utilizing 3 approaches in the lumbar spine: caudal, interlaminar, and transforaminal. Generally, candidates for epidural steroid injection are individuals who have acute radicular symptoms or neurogenic claudication unresponsive to traditional analgesics and rest, with significant impairment in activities of daily living. Epidural steroid injections have been used in the treatment of spinal stenosis for many years, and no validated long-term outcomes have been reported to substantiate their use. However, significant improvement in pain scores, have been reported at 3 months.

Zhai et al¹ conducted a meta-analysis to assess the effects of various surgical and nonsurgical modalities, including epidural injections, used to treat lumbar disc herniation (LDH) or radiculitis. A systematic literature search was conducted to identify RCTs which compared the effect of local anesthetic with or without steroids. The outcomes included pain relief, functional improvement, opioid intake, and therapeutic procedural characteristics. The reviewers concluded the meta-analysis confirms that epidural injections of local anesthetic with or without steroids

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have beneficial but similar effects in the treatment of patients with chronic low back and lower extremity pain.

Results of a 2 year follow-up of 3 randomized, double-blind, controlled trials, with a total of 360 patients with chronic persistent pain of disc herniation receiving either caudal, lumbar interlaminar or transforaminal epidural injections, showed similar efficacy of the 3 techniques with local anesthetic alone or local anesthetic with steroid. Caudal and interlaminar trials used in the assessment showed some superiority of steroids over local anesthetic, at 3 and 6 month follow-up. Interlaminar with steroids were superior to transforaminal at 12-months.²

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| CPT® Codes | Description |
|------------|--|
| 62320 | Injection(s), of diagnostic or therapeutic substance(s) (eg, 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) (eg, 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 (ie, fluoroscopy or CT) |
| 62322 | Injection(s), of diagnostic or therapeutic substance(s) (eg, 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) (eg, 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 (ie, fluoroscopy or CT) |
| 62324 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, 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) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, |

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| CPT® Codes | Description |
|------------|--|
| | interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) |
| 62326 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, 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) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) |

| HCPCS Codes | Description |
|-------------|-------------|
| N/A | |

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

| ICD-10-CM Code | Description |
|----------------|--|
| M47.22 | Other spondylosis with radiculopathy, cervical region |
| M47.23 | Other spondylosis with radiculopathy, cervicothoracic region |
| M47.24 | Other spondylosis with radiculopathy, thoracic region |
| M47.25 | Other spondylosis with radiculopathy, thoracolumbar region |
| M47.26 | Other spondylosis with radiculopathy, lumbar region |
| M47.27 | Other spondylosis with radiculopathy, lumbosacral region |
| M48.00-M48.08 | Spinal Stenosis |
| M50.10-M50.13 | Cervical disc disorder with radiculopathy |
| M51.14-M51.17 | Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders with radiculopathy |
| M54.12 | Radiculopathy, cervical region |
| M54.13 | Radiculopathy, cervicothoracic region |
| M54.14 | Radiculopathy, thoracic region |
| M54.15 | Radiculopathy, thoracolumbar region |
| M54.16 | Radiculopathy, lumbar region |
| M54.17 | Radiculopathy, lumbosacral region |
| M54.5 | Low back pain |
| M54.6 | Pain in thoracic spine |
| M96.1 | Postlaminectomy syndrome, not elsewhere classified |

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| Reviews, Revisions, and Approvals | Date | Approval Date |
|--|--------|---------------|
| New policy developed. Split from retired CP.MP.118 Injections for Pain Management. No criteria changes. | 09/18 | 10/18 |
| In section D regarding second or subsequent ESI for chronic pain that improved from the diagnostic injections, changed requirement for 3 months having passed from the previous injection to 2 months. Anticoagulation indication moved to policy/criteria section as it is applicable to all injections in this policy. | 10/19 | |
| References reviewed and updated | 6/2021 | |

References

1. 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 Jun 15;8(6):8304-16. eCollection 2015.
2. Manchikanti L, Singh V, Pampati V, et al. 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 Jan;28(1):11-21.
3. American College of Occupational and Environmental Medicine Guidelines: Chronic Pain. ACOEM 2008.
4. Chou R, Hashimoto R, Friedly J, Fu Rochelle, Dana T, Sullivan S, Bougatsos C, Jarvik J. Pain Management Injection Therapies for Low Back Pain. Technology Assessment Report ESIB0813. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. HHSA 290-2012-00014-I.) Rockville, MD: Agency for Healthcare Research and Quality; March 2015.
5. Chou R. Subacute and chronic low back pain: Nonsurgical interventional treatment. In: *UpToDate, Atlas SJ (Ed), UpToDate, Waltham, MA*. Accessed 6/15/20.
6. Chou R, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med*. 2007;147:478-491.
7. Chou R 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: 1066-1077.
8. Chou R, Hashimoto R, Friedly J, et al. Epidural Corticosteroid Injections for Radiculopathy and Spinal Stenosis: A Systematic Review and Meta-analysis. *Annals Of Internal Medicine*, 163(5), 373-381. doi:10.7326/M15-0934
9. Heggeness MH. AAOS endorses back pain guidelines. *AAOS Now*. Sept 2010.
10. Manchikanti L et al. A Critical Review of the American Pain Society Clinical Practice Guidelines for Interventional Techniques: Part 1. Diagnostic Interventions. *Pain Physician* 2010; 13:E141-E174.
11. Manchikanti L et al. A Critical Review of the American Pain Society Clinical Practice Guidelines for Interventional Techniques: Part 2. Therapeutic Interventions. *Pain Physician* 2010; 13:E215-E264.
12. Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques in spinal pain. Part II: guidance and recommendations. *Pain Physician* 2013; 16: S49-S283.

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13. Novak S, Nemeth WC. The basis for recommending repeating epidural steroid injections for radicular low back pain: a literature review. *Arch Phys Med Rehabil* 2008; 89:543-552.
14. Sharma AK, Vorobeychik Y, Wasserman R, et al. The Effectiveness and Risks of Fluoroscopically Guided Lumbar Interlaminar Epidural Steroid Injections: A Systematic Review with Comprehensive Analysis of the Published Data. *Pain Med*. 2016.
15. Staal JB et al. Injection therapy for subacute and chronic low-back pain. *Cochrane Database of Systematic Reviews* 2008, Issue 3. Art. No. CD001824. DOI: 10.1002/14651858.CD001824.pub3.
16. Vorobeychik Y, Sharma A, Smith CC, et al. The Effectiveness and Risks of Non-Image-Guided Lumbar Interlaminar Epidural Steroid Injections: A Systematic Review with Comprehensive Analysis of the Published Data. *Pain Med*. 2016.
17. Work Loss Data Institute. Low back – lumbar & thoracic (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2011. Various p.
18. Hayes Medical Technology Directory. Epidural Steroid Injections for Low Back Pain and Sciatica. Jan 2013. Update Jan. 2017. Archived Mar. 2018.
19. Kreiner DS, Hwang S, Easa J, et al. An evidence-based clinical guideline for the diagnosis and treatment of lumbar disc herniation with radiculopathy. *Spine J*. 2014 Jan;14(1):180-91. doi: 10.1016/j.spinee.2013.08.003. Epub 2013 Nov 14.
20. Smith CC, Booker T, Schaufele MK, Weiss P. Interlaminar versus transforaminal epidural steroid injections for the treatment of symptomatic lumbar spinal stenosis. *Pain Med*. 2010 Oct;11(10):1511-5.
21. Schaufele MK, Hatch L, Jones W. Interlaminar versus transforaminal epidural injections for the treatment of symptomatic lumbar intervertebral disc herniations. *Pain Physician*. 2006 Oct;9(4):361-6.
Chang-Chien GC, Knezevic NN, McCormick Z, et al. Transforaminal versus interlaminar approaches to epidural steroid injections: a systematic review of comparative studies for lumbosacral radicular pain. *Pain Physician*. 2014 Jul-Aug;17(4):E509-24.