**MEDICARE LCD
EPIDURAL STEROID INJECTIONS
effective: December 12, 2021**

**Covered Indications**

History, physical examination, and concordant radiological image-based diagnostic testing that support one of the following:

* Lumbar, cervical or thoracic radiculopathy (3 regions), radicular pain and/or neurogenic claudication due to disc herniation, osteophyte or osteophyte complexes, severe degenerative disc disease, producing foraminal or central spinal stenosisOR
* Post-laminectomy syndrome,OR
* Acute herpes zoster associated pain

**ESI: THREE (3) WAYS**

* 1. Interlaminar (ILESI)
* 2. Transforaminal Approach (TFESI)
* 3. Caudal ) Approach (caudal ESI)

ESIs should be performed in conjunction with conservative treatments. Patients should be part of an active rehabilitation program, home exercise program or functional restoration program

**AND**

**Severe enough to greatly impact**:

1. Quality of Life, or
2. Functional Ability

An objective pain scale **or** functional assessment must be performed at baseline (prior to interventions). The **same scale**\* must be used at **each** follow-up for assessment of response

**ESIs must:**

* Be performed under computed tomography (CT) or fluoroscopy image guidance with contrast
* Unless the patient has a documented contrast allergy or pregnancy where ultrasound guidance without contrast may be considered
* Caudal ESIs and Interlaminar ESIs (ILESIs) involve a maximum of one level are considered medically reasonable and necessary
* An initial injection of contrast is required to confirm epidural placement, unless the patient has a contraindication to contrast
* Subsequent ESI should include corticosteroids and may be combined with anesthetics or saline

**Transforaminal ESIs (TFESIs):**

* A maximum of (2) levels in one spinal region (3 regions = L, T, C)
* TFESIs bilaterally only when clinically indicated

**Repeat ESI: BIG CHANGE**

* First injection with documented at least 50% pain relief and/or
* Improvement in function measured from baseline using the SAME scale\* for = >three months.
* After 14 days using a different approach, level and/or medication, with the rationale for the second ESI documented in the medical record

\*\*\*\*Patient must have ongoing active PDE (physician directed exercise, home exercise) and have failed conservative therapy

**Limitations**

* ESI without image guidance or ultrasound are not considered medically reasonable and necessary except in cases of documented contraindication to contrast media (e.g., allergy, pregnancy)
* ESIs with biologicals or other substances not designated by the United States FDA for this not covered
* Multiple blocks (ESIs, sympathetic blocks, facet blocks, trigger point injections, etc.) during the same session as ESIs, with the exception of a facet synovial cyst
* Moderate or Deep Sedation, General Anesthesia, or Monitored Anesthesia Care (MAC) is usually unnecessary or rarely indicated, is not considered medically reasonable and necessary.Even in patients with a needle phobia and anxiety, typically oral anxiolytics suffice
* In exceptional and unique cases, documentation must clearly establish the need for such sedation in the specific patient
* ESIs are not reasonable and necessary to treat:
	+ non-specific low back pain (LBP)
	+ axial spine pain
	+ complex regional pain syndrome widespread diffuse pain
	+ pain from neuropathy from other causes
	+ or cervicogenic headaches are not covered
* TFESIs at more than two (2) nerve root levels during the same session
* Predetermined series of ESI, Not Covered
* Caudal ESIs or ILESIs at more than one (1) level
* ESIs: limited to a maximum of four (4) sessions per spinal region in a rolling twelve (12) month period

**Steroids:**

No more than one spinal region to be injected in the same session Steroid dosing should be the lowest effective amount per session Recommended, not to exceed:

* 80 mg of triamcinolone,
* 80 mg of methylprednisolone,
* 12 mg of betamethasone, or
* 15 mg of dexamethasone per session

**Use beyond 12 months requires the following:**

* Pain is severe enough to cause a significant degree of functional disability
* At least 50% sustained improvement of pain and/or 50% objective improvement in function (using same scale as baseline)
* Rationale for the continuation include, but not limited to:
* high-risk surgical candidate,
* does not desire surgery,
* recurrence of pain in the same location relieved with ESIs for at least three months
* The primary care provider must be notified regarding continuation of procedures and prolonged repeat steroid use

**Contraindications**

ESIs should not be performed when including but not limited to:

* Suspected or active localized spinal infection,
* significant systemic infection
* compressive lesions of the spinal cord, conus medullaris or cauda equina
* suspicion or major risk factors for cancer

\*\*\*\*Patient must have ongoing active PDE (physician directed exercise, home exercise) and have failed conservative therapy