



**Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.**

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## **Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB)**

**MP9362**

**Covered Service:** Yes

**Prior Authorization Required:** Yes

**Additional Information:** ESI approvals are for a single injection. The [prior authorization form](#) is available on the website.

### **WellFirst Health Medical Policy:**

- 1.0 Epidural steroid injections are considered not medically necessary, and therefore are non-covered for **ANY** of the following:
  - 1.1 Low back pain without additional indications
  - 1.2 Thoracic epidural steroid injections
  - 1.3 Failed back syndrome
- 2.0 Cervical and lumbar ESI **require** prior authorization through the Health Services Division and may be considered medically necessary if the member has failed at least a six (6) week trial of conservative therapy (e.g. analgesics, physical therapy, home exercise, and a strength/conditioning program) and **ANY** of the following:
  - 2.1 Radicular pain, as indicated by **1 or more** of the following:
    - 2.1.1 Cervical radicular pain
    - 2.1.2 Lumbar radicular pain
  - 2.2 Documented symptoms of neurogenic (or pseudo) claudication secondary to moderate or severe spinal stenosis which includes **ANY** of the following:
    - 2.2.1 Arm or leg pain
    - 2.2.2 Sensory loss
    - 2.2.3 Arm or leg weakness exacerbated with activity, and relieved with rest
  - 2.3 Documented signs or symptoms consistent with chronic radicular pain, as indicated by **1 or more** of the following:
    - 2.3.1 Diminished or absent deep tendon reflexes
    - 2.3.2 Paresthesia, numbness, sensory change, or weakness in dermatomal distribution

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- 2.3.3 Positive femoral nerve stretch test
- 2.3.4 Positive Spurling test
- 2.3.5 Positive straight leg raising test
- 3.0 Exceptions to the six (6) week trial of conservative therapy (referenced in 1.0) include the following:
  - 3.1 Pain as a result of Herpes Zoster
  - 3.2 Significant functional loss at work or home with at least moderate pain
  - 3.3 Severe pain unresponsive to outpatient medical management
  - 3.4 Member is unable to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
  - 3.5 Prior injection for the same condition with at least a three (3) month duration of pain relief
- 4.0 A repeat ESI **requires** prior authorization through the Health Services Division and may be considered medically necessary when **ALL** of the following criteria are met:
  - 4.1 At least three (3) weeks since the previous injection to permit a reasonable time period to evaluate the effectiveness.
  - 4.2 A significant improvement in pain of a least 50 percent from the previous ESI (documented in the medical record)
  - 4.3 No more than four (4) injections per level per "rolling calendar" year
- 5.0 There is no evidence in the medical literature that a series of three (3) injections provides greater efficacy than a single injection.
- 6.0 Epidural steroid injections are contraindicated with the following:
  - 6.1 Acute spinal cord compression
  - 6.2 Coagulopathy or current use of anticoagulants or antiplatelet therapy
  - 6.3 Local malignancy
  - 6.4 Local or systemic infection
- 7.0 Diagnostic selective nerve root block (SNRB) may be medically necessary for identifying the etiology of pain in members with symptoms suggestive of chronic radicular pain in **ANY** of the following clinical situations:
  - 7.1 Physical signs and symptoms differ from those found on imaging studies
  - 7.2 Clinical evidence of multi-level nerve root pathology

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- 7.3 Clinical presentation is suggestive for both nerve root and peripheral nerve or joint disease involvement
- 7.4 Clinical findings are consistent with radiculopathy in a dermatomal distribution (level-specific referral pattern of an involved named spinal root), but the imaging studies do not corroborate the findings (positive straight leg test)
- 7.5 Member has had previous spinal surgery
- 7.6 For the purposes of surgical planning
- 8.0 Therapeutic selective nerve root block (SNRB) may be medically necessary in treatment of chronic radicular pain when noninvasive measures such as physical therapy and medication have failed and **ALL** of the following criteria are met:
  - 8.1 At least two (2) weeks since the previous SNRB to permit a reasonable time period to evaluate the effectiveness; **AND**
  - 8.2 No more than three (3) SNRB's per level every six (6) months

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