Cervical or Thoracic Epidural Corticosteroid Injections
Procedure 2014-001

Cervical or Thoracic epidural glucocorticoid injections (also referred to as "corticosteroid injections" or "steroid injections") involve the administration of steroids via a needle inserted in the space between the ligamentum flavum and the dura.

Cervical or Thoracic epidural corticosteroid injection may be indicated when ALL of the following are present:

1. Failure of noninvasive treatment (eg, NSAIDs, exercise, physical therapy, spinal manipulation therapy)

2. Goal of treatment is short-term relief of disabling pain.

3. Cervical or thoracic radicular pain (eg, arm pain or paresthesia) that manifests acutely or as part of flare-up of chronic condition

4. Physical examination findings consistent with cervical or thoracic radiculopathy (eg, positive Spurling’s test, positive axial compression test, diminished or absent reflex, weakness, sensory deficit in the trunk)

5. No coagulopathy or current use of anticoagulants or antiplatelet therapy documented by provider*

6. No local or systemic infection documented by provider*

7. No cervical or thoracic spinal malignancy documented by provider*

8. The planned epidural corticosteroid injection must be performed under fluoroscopic guidance in the cervical or thoracic region.*

*The provider notes may describe a plan to address issue or why it is not a contraindication.

SOURCES

Proprietary and Confidential
Milliman Care Guidelines for Lumbar Epidural Corticosteroid Injection, updated January 26, 2013

UpToDate, accessed February 26, 2014 with the following references:

20. 2013 Official Disability Guidelines, 18th edition, Criteria for the use of Epidural steroid injections
CODE REFERENCE  (This may not be a comprehensive list of codes to apply to this policy.)

CPT: 62310, 62311, 64479, 64480, 64483, 64484

POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>4/30/14</td>
<td>Policy updated with new literature to include thoracic level injections.</td>
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<tr>
<td>3/20/15</td>
<td>Reviewed and approved by UM Committee</td>
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<tr>
<td>12/16/15</td>
<td>Annual Medical Policy review and approval</td>
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<tr>
<td>2/26/16</td>
<td>Item #4: Added “positive axial compression test”</td>
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