



NHS MEDICAL POLICY

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

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

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

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8. Rathmell JP, Aprill C, Bogduk N. Cervical transforaminal injection of steroids. *Anesthesiology* 2004; 100:1595.
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14. Wagner AL. CT fluoroscopic-guided cervical nerve root blocks. *AJNR Am J Neuroradiol* 2005; 26:43.
15. Ziai WC, Ardelt AA, Llinas RH. Brainstem stroke following uncomplicated cervical epidural steroid injection. *Arch Neurol* 2006; 63:1643.
16. O'Connor RC, Andary MT, Russo RB, DeLano M. Thoracic radiculopathy. *Phys Med Rehabil Clin N Am*. 2002;(13):623-644.
17. Wood KB, Blair JM, Aepple DM, et al. The natural history of asymptomatic thoracic disc herniations. *Spine*. 1997;22(5):525-529.
18. Brown CW, Deffer PA, Akmakjian J, Donaldson DH, Brugman JL. The natural history of thoracic disc herniation. *Spine*. 1992;S97-S102.
19. Stillerman CB, Weiss MH. Management of thoracic disc disease. *Clin Neurosurg*. 1992;38:325-352.

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

Date	Action/Description
4/30/14	Policy updated with new literature to include thoracic level injections.
3/20/15	Reviewed and approved by UM Committee
12/16/15	Annual review and approval by UM Committee
2/26/16	Item #4: Added "positive axial compression test"
12/14/2016	Annual review and approval by UM Committee
12/13/2017	Annual review and approval by UM Committee
12/13/2018	Annual review and approval by UM Committee