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

**MP9362**

**Covered Service:** Yes–when meets criteria below

**Prior Authorization Required:** Yes–as shown below

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

**Medicare Policy:** Prior authorization is dependent on the member’s Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

**BadgerCare Plus Policy:** Dean Health Plan covers this benefit when BadgerCare Plus also covers the benefit. Please refer to Forward Health: [https://www.forwardhealth.wi.gov/WIPortal/Default.aspx](https://www.forwardhealth.wi.gov/WIPortal/Default.aspx)

**Dean Health Plan Medical Policy:**

1.0 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:

1.1 Radicular pain, as indicated by 1 or more of the following:
   1.1.1 Cervical radicular pain
   1.1.2 Lumbar radicular pain

1.2 Documented symptoms of neurogenic (or pseudo) claudication secondary to moderate or severe spinal stenosis which includes ANY of the following:
   1.2.1 Arm or leg pain
   1.2.2 Sensory loss
   1.2.3 Arm or leg weakness exacerbated with activity, and relieved with rest
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1.3 Documented signs or symptoms consistent with chronic radicular pain, as indicated by 1 or more of the following:
   1.3.1 Diminished or absent deep tendon reflexes
   1.3.2 Paresthesia, numbness, sensory change, or weakness in dermatomal distribution
   1.3.3 Positive femoral nerve stretch test
   1.3.4 Positive Spurling test
   1.3.5 Positive straight leg raising test

2.0 Exceptions to the 6 week trial of conservative therapy (referenced in 1.0) include the following:
   2.1 Pain as a result of Herpes Zoster
   2.2 Significant functional loss at work or home with at least moderate pain
   2.3 Severe pain unresponsive to outpatient medical management
   2.4 Patient is unable to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
   2.5 Prior injection for the same condition with at least a three (3) month duration of pain relief

3.0 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:
   3.1 At least three (3) weeks since the previous injection to permit a reasonable time period to evaluate the effectiveness.
   3.2 A significant improvement in pain of a least 50 percent from the previous ESI (documented in the medical record)
   3.3 No more than four (4) injections per level per “rolling calendar” year

4.0 There is no evidence in the medical literature that a series of three (3) injections provides greater efficacy than a single injection.

5.0 Epidural steroid injections are contraindicated with the following:
   5.1 Acute spinal cord compression
   5.2 Coagulopathy or current use of anticoagulants or antiplatelet therapy
   5.3 Local malignancy
   5.4 Local or systemic infection
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6.0 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:

6.1 Physical signs and symptoms differ from those found on imaging studies

6.2 Clinical evidence of multi-level nerve root pathology

6.3 Presentation is suggestive for both nerve root and peripheral nerve or joint disease involvement

6.4 Clinical findings are consistent with radiculopathy in a dermatomal distribution, but the imaging studies do not corroborate the findings (positive straight leg test)

6.5 Member has had previous spinal surgery

6.6 For the purposes of surgical planning

7.0 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:

7.1 At least two (2) weeks since the previous SNRB to permit a reasonable time period to evaluate the effectiveness

7.2 No more than three (3) SNRB’s per level every 6 months

8.0 Epidural steroid injections are considered not medically necessary, and therefore are non-covered for **ANY** of the following:

8.1 Low back pain without additional indications

8.2 Thoracic epidural steroid injections

8.3 Failed back syndrome
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**Committee/Source**

**Originated:** Utilization Management Committee/ Medical Affairs  
June 13, 2007

**Revised:**
- Utilization Management Committee/ Medical Affairs: September 12, 2007
- Utilization Management Committee/ Medical Affairs: January 16, 2008
- Medical Director Committee/Medical Affairs: September 28, 2011
- Medical Director Committee/Medical Affairs: May 21, 2014
- Medical Director Committee/Medical Affairs: August 20, 2014
- Medical Policy Committee/Quality and Care Management Division: July 19, 2017
- Medical Policy Committee/Health Services Division: April 17, 2019

**Reviewed:**
- UM Committee (UMC)/Director UM/UMC Chair: March 12, 2008
- Medical Director Committee/Medical Affairs: August 15, 2012
- Medical Director Committee/Medical Affairs: July 17, 2013
- Medical Director Committee/Medical Affairs: May 21, 2014
- Medical Director Committee/Medical Affairs: July 16, 2014
- Medical Director Committee/Medical Affairs: August 20, 2014
- Medical Director Committee/Medical Affairs: July 15, 2015
- Medical Policy Committee/Quality and Care Management Division: July 20, 2016
- Medical Policy Committee/Quality and Care Management Division: July 19, 2017
- Medical Policy Committee/Health Services Division: April 17, 2019

**Deleted:**
- UM Committee (UMC)/Director UM/UMC Chair: September 10, 2008

**Reinstated and revised:**
- Medical Director Committee/Medical Affairs: September 28, 2011

Published/Effective: 09/01/2019