



DeanHealthPlan[®]

A member of SSM Health

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

**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.

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:** No prior authorization is required

Dean Health Plan 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



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- 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
 - 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



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- 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
 - 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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