Low Back Pain

Clinical Guidelines for Medical Necessity Review

Version: V7.0
Effective Date: December 29, 2022

Important Notices

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Other Notices:

Guideline Information:

DiseaseSpecialty Area: Diseases of the musculoskeletal system and connective tissue (M00-M99)
CarePath Group: Spine
CarePath Name: Low Back Pain (M54)
Type: [**X**] Adult (18+ yo) | [_] Pediatric (0-17yo)

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Literature review current through: December 29, 2022
Document last updated: December 29, 2022

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Care Path Overview

Care Path Clinical Discussion

The North American Spine Society defines ***low back pain (LBP)*** as "pain of musculoskeletal origin extending from the lowest rib to the gluteal fold that may at times extend as somatic referred pain into the thigh (above the knee)."[1] Nonspecific pain refers to pain in which no specific cause or structure accounts for the symptoms. Frequent signs and symptoms include pain in the low back that may extend into the gluteal area or thigh but typically not distal to the knee. While many patients experience resolution of LBP symptoms within one month, some will go on to experience subacute (6-12 weeks) or chronic low back pain (more than 12 weeks).[1,2] Anatomic drivers of low back pain include the facet joints, intervertebral disc, or the sacroiliac (SI) joint(s).[4] While the term 'low back pain' can encompass several diagnoses, here it explicitly excludes diagnoses or complaints involving leg pain below the knee (radiculopathy) and low back pain due to stenosis.

Routine imaging is not appropriate for patients with acute low back pain (fewer than 6 weeks) without red flags.[3] Advanced imaging (commonly magnetic resonance imaging or MRI) should be reserved for patients whose presentation is complicated, prolonged, or raises suspicion for severe pathology.[3] Electrodiagnostic testing may be helpful if imaging and clinical assessment are inconclusive in determining the etiology of nerve pathology or other comorbid conditions. Appropriate non-surgical interventions for subacute or chronic LBP include physical therapy, 'back school' (comprehensive, multidisciplinary rehabilitation), or cognitive behavioral therapy. Several non-surgical interventional procedures are available as alternatives to open surgical intervention. Surgical treatment options for chronic nonspecific LBP include artificial disc replacement or fusion of 1 or 2 lumbar levels, but the latter does not have more superior outcomes than intensive rehabilitation and cognitive therapy.[4]

The information contained herein gives a general overview of the pathway of nonspecific LBP, including presentation, recommended assessments, and treatment options as supported by the medical literature and existing guidelines. It should be noted that data are commonly conflicting and incomplete, and as such, guidelines and recommendations from various work groups also conflict. The care of patients with spinal health problems is complex, and the information herein is meant to support clinical decision making in adult patients. It is not necessarily applicable to every case, as the entire clinical picture (including comorbidities, spinal health history, etc.) should be considered. Case-by-case treatment decisions are encouraged.

Key Information

- ➢ Acute low back pain is the most common musculoskeletal complaint seen by primary care providers associated with significant morbidity, increased healthcare cost, and missed work.
- ➢ 90% of people experience low back pain in their lifetime; 5%–10% will develop chronic back pain; approximately 9.8% will develop sciatic nerve or radicular back pain.
- ➢ Advanced imaging is generally not necessary on initial evaluation or in a primary care setting in the absence of red flags. Most patients will improve within one month without therapy of any kind.
- ➢ Initial conservative management includes nonopioid analgesia, muscle relaxants, and physical therapy.
- ➢ Alternative, evidence-based treatments include exercise therapy, yoga, chiropractic interventions, aquatic exercise therapy, behavioral therapy, and herbal medicine.
- ➢ There is no evidence supporting the use of corticosteroids, with an increased risk of adverse events.
- ➢ There is insufficient evidence to recommend for or against the use of epidural injections, facet injections, or spinal cord stimulators as second-line non-surgical therapies.

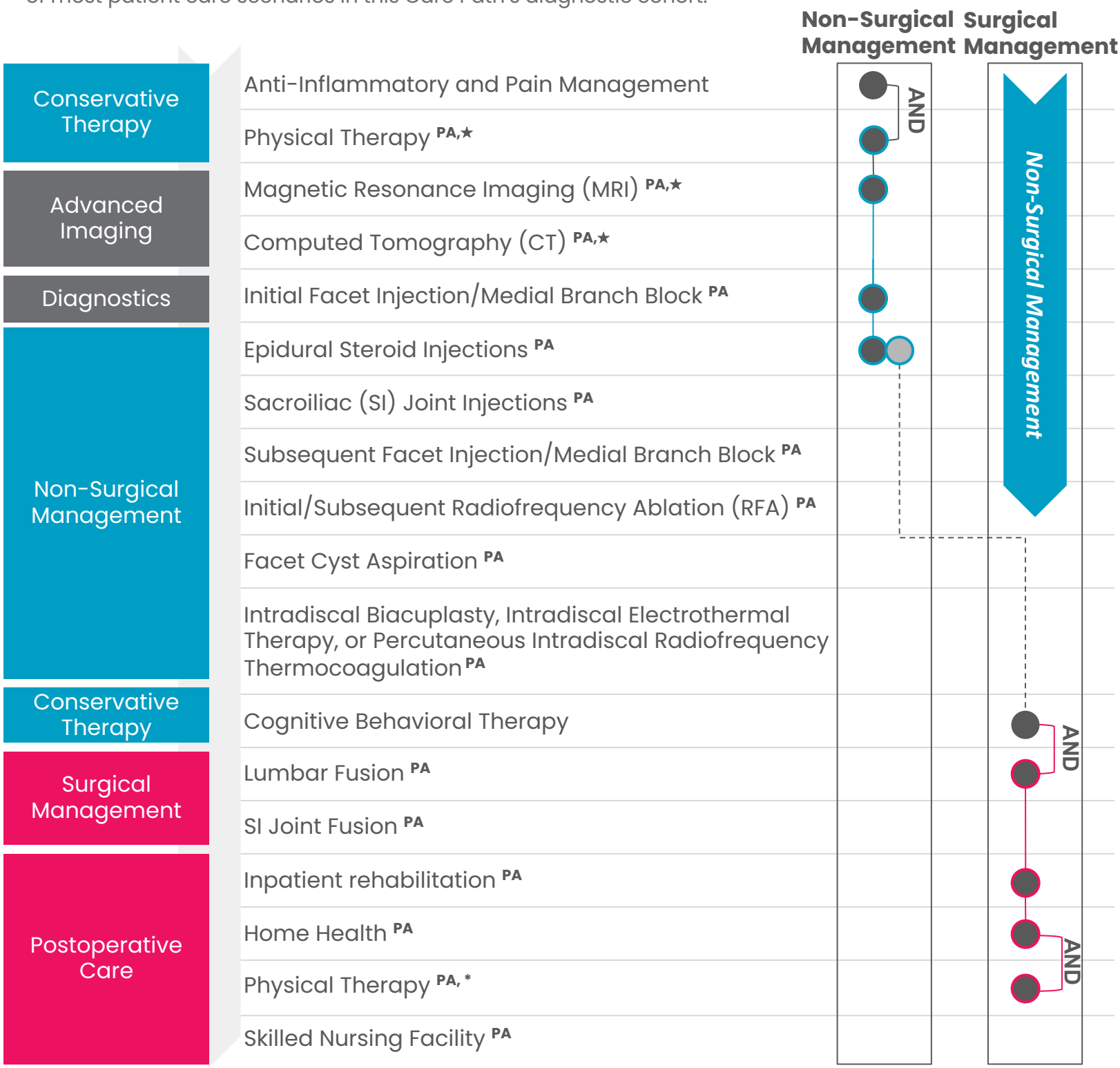
Definitions

- **Distraction test:** an examination used to detect abnormalities and inflammation of the lumbar vertebrae and sacroiliac (SI) joint. The test begins with a supine patient. The examiner applies a posterolateral force to the anterior superior iliac spines of a supine patient.
- **Compression:** an SI joint provocative test in which the examiner applies a posterior force directed at the lateral side of the ilium of a supine patient.
- **Thigh thrust test:** an SI joint provocative test in which the supine patient flexes their hip and knee. The examiner applies a posterior force directed at the SIJ of the flexed lower extremity while the other hand stabilizes the sacrum.
- **Gaenslen's test:** an examination used to detect abnormalities and inflammation of the lumbar vertebrae and sacroiliac joint. The supine patient flexes their asymptomatic hip with their knee also flexed. The examiner drops the opposite lower extremity off the side of the table and applies a posterior force so that the symptomatic leg hyperextends at the hip. A positive test occurs when the patient's typical pain is reproduced.[5,6]
- **Sacral thrust test**: an SI joint provocative test in which the examiner applies a posterior force directed at the sacral base of the supine patient.

- **FABER (Flexion, Abduction, and External Rotation) Test:** may be used to assess a suspected labral tear. The examination begins with a supine patient. The examiner places the patient in a figure-4 position with their hip flexed and abducted with the lateral ankle resting on the contralateral thigh proximal to the knee. The examiner then applies gentle downward force against the knee of the abducted leg. A positive result occurs when the patient reports groin pain on the side of the lateral leg.[7]

Low Back Pain

What is a "Cohere Care Path"?
These Care Paths organize the services typically considered most clinically optimal and likely to be automatically approved. These service recommendations also include the suggested sequencing and quantity or frequency determined clinically appropriate and medically necessary for the management of most patient care scenarios in this Care Path's diagnostic cohort.



Key

PA = Service may require prior authorization
★ = Denotes preferred service
AND = Services completed concurrently
OR = Services generally mutually exclusive

= Non-surgical management prior authorization group of services
= Surgical management prior authorization group of services
= Subsequent service
= Management path moves to a different management path

Care Path Diagnostic Criteria

Disease Classification

Low Back Pain (LBP)

ICD-10 Codes Associated with Classification

ICD-10 Code	Code Description/Definition
G95.9	Disease of spinal cord, unspecified
M40.205	Unspecified kyphosis, thoracolumbar region
M45.9	Ankylosing spondylitis of unspecified sites in spine
M46.00	Spinal enthesopathy, site unspecified
M46.05	Spinal enthesopathy, thoracolumbar region
M46.06	Spinal enthesopathy, lumbar region
M46.07	Spinal enthesopathy, lumbosacral region
M46.08	Spinal enthesopathy, sacral and sacrococcygeal region
M46.09	Spinal enthesopathy, multiple sites in spine
M46.1	Sacroiliitis, not elsewhere classified
M46.20	Osteomyelitis of vertebra, site unspecified
M46.25	Osteomyelitis of vertebra, thoracolumbar region
M46.26	Osteomyelitis of vertebra, lumbar region
M46.27	Osteomyelitis of vertebra, lumbosacral region
M46.28	Osteomyelitis of vertebra, sacral and sacrococcygeal region
M46.30	Infection of intervertebral disc (pyogenic), site unspecified
M46.35	Infection of intervertebral disc (pyogenic), thoracolumbar region
M46.36	Infection of intervertebral disc (pyogenic), lumbar region
M46.37	Infection of intervertebral disc (pyogenic), lumbosacral region
M46.38	Infection of intervertebral disc (pyogenic), sacral and sacrococcygeal region
M46.39	Infection of intervertebral disc (pyogenic), multiple sites in spine
M46.40	Discitis, unspecified, site unspecified
M46.45	Discitis, unspecified, thoracolumbar region
M46.46	Discitis, unspecified, lumbar region
M46.47	Discitis, unspecified, lumbosacral region

M46.48	Discitis, unspecified, sacral and sacrococcygeal region
M46.49	Discitis, unspecified, multiple sites in spine
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M48.54XA	Collapsed vertebra, not elsewhere classified, thoracic region, initial encounter for fracture
M51.2	Other thoracic, thoracolumbar and lumbosacral intervertebral disc displacement
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.84	Other specified dorsopathies, thoracic region
M53.85	Other specified dorsopathies, thoracolumbar region
M53.86	Other specified dorsopathies, lumbar region
M54.14	Radiculopathy, thoracic region
M54.40	Lumbago with sciatica, unspecified side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M54.6	Pain in thoracic spine
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified
M80.08XA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M81.0	Age-related osteoporosis without current pathological fracture
M99.04	Segmental and somatic dysfunction of sacral region
S22.000A	Wedge compression fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22.060A	Wedge compression fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.080A	Wedge compression fracture of T11-T12 vertebra, initial encounter

	for closed fracture
S22.080D	Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing
S32.000A	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.009K	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.010A	Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture
S32.010D	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.020A	Wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture
S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture
S32.040A	Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter

Presentation and Etiology

Causes and Risk Factors

The following are risk factors for conversion from acute to chronic pain:

- History of LBP
- Psychosocial factors
- Workplace factors
- Pain severity
- Functional impairment

Clinical Presentation

The predominant symptom is low back pain without "red flag" symptoms (see advanced imaging section). Lower extremity pain or paresthesias may be present, typically does not travel distal to the knee, and does not predominate as a presenting symptom.

Typical Physical Exam Findings

The examination is typically nonspecific and without indication for pathophysiological abnormality (i.e., provocative testing such as the straight leg test should be negative).

There is insufficient evidence to recommend for or against using specific findings to determine which anatomic structure is causing pain.

The patient may have positive results to SI joint provocative tests such as distraction, compression, thigh thrust, Gaenslen's, and sacral thrust.

Typical Diagnostic Findings

There is insufficient evidence to recommend for or against using assessment tools or questionnaires to help identify the cause of low back pain.

CarePath Services & Medical Necessity Criteria

Conservative Therapy

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** Referrals commonly suggest 4-6 weeks for most programs.
- **Criteria for Subsequent Requests:** The medical necessity of subsequent physical therapy should be evaluated based on the individual's response to previous sessions (e.g., clinically relevant sustained reductions in pain, improvement in the individual's functional abilities).
- **Recommended Clinical Approach:** The following are suitable treatment options in addition to physical therapy[8]:
    - Mindfulness-based stress reduction (MBSR) programs
    - McKenzie exercise
    - Yoga
    - Spinal manipulative therapy (SMT)
    - Work hardening/conditioning.

  The following are recommended to improve pain or functional outcomes for patients with subacute or chronic LBP:
    - The combination of physical therapy (PT) and cognitive behavioral therapy (CBT)
    - General exercise or stabilization in PT
    - Back school (multidisciplinary rehabilitation with body mechanics education, exercise programs, and behavioral therapy)
    - Acupuncture
    - Aerobic exercise
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Physical therapy** for education, spinal manipulation therapy, or acupuncture is considered appropriate if **ALL** of the following are **TRUE**[8-9]:

- Acute low back pain for less than 6 weeks
- Chronic low back pain for greater than 6 weeks

Non-Indications

- ➔ **Physical therapy** may not be considered appropriate if **ANY** of the following is **TRUE**:
  - ◆ Progressive neurological deficits
  - ◆ Severely unsteady gait related to myelopathy/balance or generalized lower extremity weakness
  - ◆ Hyperreflexia
  - ◆ Positive Babinski or clonus
  - ◆ Bowel or bladder incontinence
  - ◆ Saddle anesthesia

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath
97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank

97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes

97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes
97761	Initial prosthetic training of lower extremities, each 15 minutes; Initial prosthetic training of lower extremity, each 15 minutes Initial prosthetic training of upper and lower extremities, each 15 minutes; Initial prosthetic training of upper extremities, each 15 minutes; Initial prosthetic training of upper extremity, each 15 minutes
97763	Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity, each 15 minutes Subsequent orthotic management and training of upper

	and lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities, each 15 minutes Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes Subsequent orthotic management and training of upper extremity, each 15 minutes Subsequent orthotic management of lower extremities and trunk, each 15 minutes Subsequent orthotic management of lower extremity and trunk, each 15 minutes Subsequent orthotic management of lower extremity, each 15 minutes Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities, each 15 minutes Subsequent orthotic management of upper extremity and trunk, each 15 minutes Subsequent orthotic management of upper extremity, each 15 minutes Subsequent orthotic training of lower extremity, each 15 minutes Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic training of upper extremities and trunk, each 15 minutes Subsequent orthotic training of upper extremities, each 15 minutes Subsequent orthotic training of upper extremity and trunk, each 15 minutes Subsequent orthotic training of upper extremity, each 15 minutes Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes

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97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes

97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

Service: Cognitive Behavioral Therapy (CBT)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Cognitive behavioral therapy (CBT) is required for lumbar fusion for axial back pain where at least 6 months of conservative treatment has failed, with no instability.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Cognitive behavioral therapy** is considered appropriate if **ANY** of the following is **TRUE**:

- ◆ The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
- ◆ The patient requires a lumbar fusion.
- ◆ The patient completed more than 6 months of non-surgical treatment.

Non-Indications

None.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
96125	Standardized cognitive performance testing, per hour by a qualified health care professional
97129	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact, initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient

	contact, each additional 15 minutes
99483	Assessment of and care planning for outpatient with cognitive impairment, typical time 50 minutes
G0515	Cognitive skills development

Advanced Imaging

Service: Magnetic Resonance Imaging (MRI)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach[10]:**
  - MRI without contrast is the preferred method of advanced imaging if radiographs are inconclusive or do not provide enough detail for a definitive diagnosis.
  - MRI with contrast may be appropriate if MRI without contrast was indeterminate or if the patient previously had lumbar surgery.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **MRI** is considered appropriate if **ANY** of the following are **TRUE**[10]:

- ◆ The patient has **ALL** of the following:
  - The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
  - The patient failed to show significant improvement in pain or disability level due to symptoms, despite more than 6 weeks of conservative care (conservative care includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).
  - Radiographs are inconclusive or do not provide enough detail for a definitive diagnosis.
- ◆ The patient presents with **ANY** of the following "red flags":
  - Progressive neurological deficits
  - Unsteady gait related to myelopathy/balance or generalized lower extremity weakness
  - Hyperreflexia
  - Positive Babinski or clonus
  - Bowel or bladder incontinence
  - Saddle anesthesia

Non-Indications

➔ **MRI** may not be appropriate if **ANY** of the following is **TRUE**[11-12]:
- ◆ Non-compatible implanted devices
- ◆ Metallic intraocular foreign bodies
- ◆ Claustrophobia

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
72148	MRI of lumbar spinal canal and contents; MRI of lumbar spinal canal and contents without contrast
72149	MRI of lumbar spinal canal and contents with contrast
72158	MRI of lumbar spinal canal and contents without contrast, followed by contrast and further sections
72146	MRI scan of middle spinal canal
72157	MRI scan of middle spinal canal before and after contrast
72195	MRI scan of pelvis
72197	MRI scan of pelvis before and after contrast
72196	MRI scan of pelvis with contrast
72130	CT scan of middle spine before and after contrast

Service: Computed Tomography (CT)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach[10]:** A CT recommended if there is a concern for fracture. In the absence of red flag signs/symptoms, advanced imaging may not be required at initial presentation; CTM may be utilized if MRI is contraindicated or indeterminate. CT may be utilized in this patient population if MRI contraindicated or indeterminate. CT may be ordered with an MRI to provide additional visibility to the bony anatomy or to assess previous surgery.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **CT/CTM** is considered appropriate if **ANY** of the following is **TRUE**[10]:

- ◆ The patient is being considered for a CTM and **ALL** of the following are **TRUE**:
  - The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
  - The patient has failed to show significant improvement in pain or disability level due to symptoms, despite more than 6 weeks of conservative care (conservative care includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).
  - MRI is contraindicated or indeterminate for reasons such as an artifact from a previous surgery (e.g., anomalies in visual representation that impact imaging quality).
- ◆ The patient is being considered for a CTM and presents with **ANY** of the following "red flags":
  - Progressive neurological deficits
  - Unsteady gait related to myelopathy/balance or generalized lower extremity weakness
  - Hyperreflexia
  - Positive Babinski or clonus
  - Bowel or bladder incontinence
  - Saddle anesthesia
- ◆ The patient is being considered for a CT and **ANY** of the following is **TRUE**:

- The patient meets the criteria for MRI or CTM but cannot receive either service due to contraindications.
- MRI or CTM studies are indeterminate.
- There is a need to obtain additional information that is not provided by an MRI (e.g., details of the bony anatomy or previous surgery).

Non-Indications

➔ **CT/CTM** may not be considered appropriate if **ANY** of the following is **TRUE**:

- ◆ If the patient is being considered for a **CTM** and **ANY** of the following are **TRUE**:
  - In patients with bleeding disorders
  - In patients with an allergy to iodinated contrast agents[13]
  - In patients who are pregnant[14]
- ◆ If the patient is being considered for a CT and **ANY** of the following is **TRUE**[14]:
  - The patient is pregnant.

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
72131	CT of lumbar spine; CT of lumbar spine without contrast
72132	CT of lumbar spine with contrast;
72133	CT of lumbar spine without contrast, followed by contrast and further sections
72128	CT scan of middle spine
72129	CT scan of middle spine with contrast
72130	CT scan of middle spine before and after contrast
72192	CT scan pelvis
72193	CT scan pelvis with contrast
72194	CT scan of pelvis before and after contrast

Service: Single Photon Emission Computed Tomography/Computed Tomography (SPECT/CT)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach[10]:** SPECT may be appropriate to detect infection or occult fractures of the vertebrae if suspected. There is insufficient evidence to recommend for or against the use of SPECT imaging in the diagnosis of zygapophyseal joint pain.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **SPECT** is considered appropriate if **ALL** of the following are **TRUE**[10]:
- ◆ Zygapophyseal joint pain is suspected

Non-Indications

None.

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
78803	Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in limited area, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in limited area, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in limited area, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in limited area, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in

	limited area, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in limited area, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in limited area, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in limited area, with vascular flow and blood pool imaging, single day
78830	Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in limited area, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in limited area, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in limited area, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in limited area, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in limited area, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in limited area, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in limited area, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in limited area,

	with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day
78831	Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in abdomen and pelvis, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in abdomen and pelvis, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in minimum of 2 areas, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in minimum of 2 areas, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in pelvis and knees, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in pelvis and knees, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in single area, multiple days; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in single area, with vascular flow and blood pool imaging, multiple days; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in abdomen and pelvis, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in abdomen and pelvis, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in minimum of 2 areas, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in minimum of 2 areas, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in pelvis and knees, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in pelvis and knees, with

	vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in single area, multiple days; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in single area, with vascular flow and blood pool imaging, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in abdomen and pelvis, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in abdomen and pelvis, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in minimum of 2 areas, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in minimum of 2 areas, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in pelvis and knees, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in pelvis and knees, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in single area, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in single area, with vascular flow and blood pool imaging, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in abdomen and pelvis, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in abdomen and pelvis, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in minimum of 2 areas, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in minimum of 2 areas, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in pelvis and knees, single day; Single photon emission

	computed tomography (SPECT) radiopharmaceutical localization of tumor in pelvis and knees, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in single area, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in single area, with vascular flow and blood pool imaging, multiple days
78832	Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in abdomen and pelvis with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in abdomen and pelvis, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in minimum of 2 areas, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in minimum of 2 areas, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in pelvis and knees with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in pelvis and knees, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in single area, with concurrently acquired computed tomography (CT) transmission, multiple days; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in abdomen and pelvis with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT)

	imaging of distribution of radiopharmaceutical agents in abdomen and pelvis, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in minimum of 2 areas with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in minimum of 2 areas, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in pelvis and knees with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in pelvis and knees, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in single area, with concurrently acquired computed tomography (CT) transmission, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in abdomen and pelvis with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in abdomen and pelvis, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in minimum of 2 areas with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in minimum of 2 areas, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in pelvis

	and knees with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in pelvis and knees, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in single area, with concurrently acquired computed tomography (CT) transmission, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in abdomen and pelvis with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in abdomen and pelvis, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in minimum of 2 areas with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in minimum of 2 areas, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in pelvis and knees in minimum of 2 areas, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in pelvis and knees with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in single area, with concurrently acquired computed tomography (CT) transmission, multiple days

Diagnostics

Service: Initial Facet Injection/Medial Branch Block

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** For second injections, the previous injection must result in greater than 80% relief of symptoms. If the patient has had greater than or equal to 2 injections, the previous injection must result in 50% improvement of symptoms for 3 months.[15-21]
- **Recommended Clinical Approach:** Blocks to be performed with imaging (fluoroscopy or ultrasound with Doppler) guidance. Medial branch blocks with a double-injection technique and pain improvement threshold of 80% may be used to establish the diagnosis of lumbar facet-mediated pain and predict a favorable response to medial nerve ablation by thermocoagulation. There is no evidence to support the use of diagnostic facet blocks as a predictor of lumbar fusion outcome in patients with chronic low back pain. There is insufficient evidence to make a recommendation for or against the diagnostic utility of zygapophyseal/facet joint injections. Pregnancy is a relative contraindication.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Initial Facet Injection/Medial Branch Block** may be considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient fails to show significant improvement in pain or disability level due to symptoms despite receiving more than 12 weeks of conservative management (conservative management includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).[22]
- ◆ The patient had advanced imaging that revealed either facet arthritis or cervical/thoracic spondylosis (arthritis) at the level requested.

Non-Indications

➔ **Initial Facet Injection/Medial Branch Block** may not be appropriate if **ANY** of the following is **TRUE**:[7]

- ◆ Systemic infection
- ◆ Local infection at the procedure site

- Coagulopathy or recent use of blood-thinning agents
- Previous fusion at the symptomatic level

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
64493	Injection of diagnostic agent into nerve of single lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of single lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into single lumbar paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of single lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into single lumbar paravertebral facet joint using computed tomography (CT) guidance
64494	Injection of diagnostic agent into nerve of second lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of second lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into second lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into second lumbar paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of second lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into second lumbar paravertebral facet joint using computed tomography (CT) guidance
64495	Injection of diagnostic agent into nerve of third and any additional lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of third and any additional lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into nerve of third and any additional sacral paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of third and any additional sacral paravertebral facet joint using imaging guidance; Injection of diagnostic agent into third and any

	additional lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into third and any additional lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into third and any additional sacral paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into third and any additional sacral paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of third and any additional lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into nerve of third and any additional sacral paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into third and any additional lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into third and any additional sacral paravertebral facet joint using computed tomography (CT) guidance
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
64999	Unlisted procedure, nervous system
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (list separately in addition to code for primary procedure)
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (list separately in addition to code for primary procedure)

Non-Surgical Management

Service: Epidural Steroid Injections

General Guidelines

- **Units, Frequency, & Duration:** When the medical necessity criteria are met, a total of 3 epidural steroid injections per episode of pain per region may be performed in 6 months.
- **Criteria for Subsequent Requests:** A second injection may be considered if the patient has had one epidural steroid injection within the last six months. If the patient has had two or more epidural steroid injections in the past six months and the previous injection resulted in a 50% improvement of symptoms for three months, another injection may be considered.[23-39]
- **Recommended Clinical Approach:** Perform epidural steroid injections with radiographic image guidance. One interlaminar injection is recommended at a time. Up to two transforaminal injections may be appropriate at a time bilaterally (at the same nerve level) or unilaterally at adjacent levels.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Epidural steroid injections (ESI)** are considered appropriate if **ALL** of the following are **TRUE:**

- The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
- Advanced imaging corresponds to clinical presentation and shows nerve impingement.
- Patient has failed to show significant improvement in pain or disability level due to symptoms, despite receiving conservative care for more than 6 weeks, or the patient is unable to complete conservative care due to the severity of symptoms. Conservative care is a combination of either physical therapy or provider-directed home exercise program **AND** medications, anti-inflammatories, or oral steroids.
- The patient is outside the acute period (greater than 4 weeks).
- The patient has had fewer than 3 epidural steroid injections per region within the past 6 months with at least 3 weeks in between injections, at which time the patient had 50% improvement of symptoms.[34]

Non-Indications

- ➔ **Epidural steroid injections** are non indicated if **ANY** of the following is **TRUE**[37]**:**
  - ◆ Hypersensitivity (or allergy) to steroids.
  - ◆ Local or systemic infection.
  - ◆ Coagulopathy or recent use of blood-thinning agents.
  - ◆ Uncontrolled diabetes.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
62322	Injection of substance into lumbar spinal canal; Insertion of catheter and injection of substance into lumbar interlaminar epidural space;
62323	Injection of substance into lumbar spinal canal using imaging guidance; Insertion of catheter and injection of substance into lumbar interlaminar epidural space using imaging guidance; Insertion of catheter and injection of substance into lumbar interlaminar subarachnoid space using imaging guidance; Insertion of needle and injection of substance into lumbar interlaminar epidural space using imaging guidance; Insertion of needle and injection of substance into lumbar interlaminar subarachnoid space using imaging guidance
64483	Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using CT guidance; Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using fluoroscopic guidance; Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using imaging guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using CT guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using fluoroscopic guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using imaging guidance; Transforaminal injection of steroid into epidural space of lumbar spine using CT guidance; Transforaminal

	injection of steroid into epidural space of lumbar spine using fluoroscopic guidance; Transforaminal injection of steroid into epidural space of lumbar spine using imaging guidance
64484	Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using CT guidance; Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using fluoroscopic guidance; Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using imaging guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using CT guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using fluoroscopic guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using imaging guidance; Transforaminal injection of steroid into epidural space of lumbar spine using CT guidance; Transforaminal injection of steroid into epidural space of lumbar spine using fluoroscopic guidance; Transforaminal injection of steroid into epidural space of lumbar spine using imaging guidance
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level
0231T	Injections of anesthetic agent and/or steroid into lower or sacral spinal canal using ultrasound guidance
64999	Nervous system procedure
76000	Imaging guidance for procedure, up to 1 hour

Service: Sacroiliac (SI) Joint Injections

General Guidelines

- **Units, Frequency, & Duration: Units, Frequency, & Duration:** When the medical necessity criteria are met, a total of 4 sacroiliac joint injections per episode of pain per region may be performed in 6 months.
- **Criteria for Subsequent Requests:** If the first injection resulted in a 50% improvement of symptoms for three months, a second injection might be appropriate. If the first injection was not beneficial, a second injection is not recommended.[39]
- **Recommended Clinical Approach:** None.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Sacroiliac (SI) joint injections** are considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient had a positive response to 3 or more SI joint provocative tests.[16] SI joint provocative tests include distraction, compression, thigh thrust, Gaenslen's, FABER maneuver, and sacral thrust.
- ◆ The patient failed to show significant improvement in pain or disability level due to symptoms, despite receiving more than 6 weeks of conservative management (conservative management includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).

Non-Indications

➔ **Sacroiliac (SI) joint injections** may not be appropriate if **ANY** of the following is **TRUE**[16]:

- ◆ Allergy to cortisone injections
- ◆ Coagulopathy or recent use of blood-thinning agents

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
27096	Injection of anesthetic into sacroiliac joint using imaging guidance; Injection of anesthetic into sacroiliac joint with arthrography using imaging guidance; Injection of steroid into sacroiliac joint using imaging guidance; Injection of steroid into sacroiliac joint with arthrography using imaging guidance; Injection of anesthetic into sacroiliac joint using fluoroscopic guidance; Injection of anesthetic into sacroiliac joint with arthrography using fluoroscopic guidance; Injection of steroid into sacroiliac joint using fluoroscopic guidance; Injection of anesthetic into sacroiliac joint using computed tomography (CT) guidance; Injection of anesthetic into sacroiliac joint with arthrography using computed tomography (CT) guidance; Injection of steroid into sacroiliac joint using computed tomography (CT) guidance; Injection of steroid into sacroiliac joint with arthrography using computed tomography (CT) guidance; Injection of steroid into sacroiliac joint with arthrography using fluoroscopic guidance
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
76000	Imaging guidance for procedure, up to 1 hour

Service: Subsequent Facet Injection/Medial Branch Block

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** For second injections, the previous injection must result in greater than 80% relief of symptoms. If the patient has had greater than or equal to 2 injections, the previous injection must result in 50% improvement of symptoms for 3 months.[15-21]
- **Recommended Clinical Approach:** Blocks to be performed with imaging (fluoroscopy or ultrasound with Doppler) guidance. Medial branch blocks with a double-injection technique and pain improvement threshold of 80% may be used to establish the diagnosis of lumbar facet-mediated pain and predict a favorable response to medial nerve ablation by thermocoagulation. There is no evidence to support the use of diagnostic facet blocks as a predictor of lumbar fusion outcome in patients with chronic low back pain. Pregnancy is a relative contraindication.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Subsequent Facet Injection/Medial Branch Block** may be considered appropriate if **ALL** of the following are **TRUE**:
- ◆ The patient fails to show significant improvement in pain or disability level due to symptoms despite receiving more than 12 weeks of conservative management (conservative management includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).[22]
- ◆ The patient had advanced imaging that revealed either facet arthritis or cervical/thoracic spondylosis (arthritis) at the level requested.

Non-Indications

➔ **Subsequent Facet Injection/Medial Branch Block** may not be appropriate if **ANY** of the following is **TRUE**:[7]
- ◆ Systemic infection
- ◆ Local infection at the procedure site
- ◆ Coagulopathy or recent use of blood-thinning agents
- ◆ Previous fusion at the symptomatic level

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
64493	Injection of diagnostic agent into nerve of single lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of single lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into single lumbar paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of single lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into single lumbar paravertebral facet joint using computed tomography (CT) guidance
64494	Injection of diagnostic agent into nerve of second lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of second lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into second lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into second lumbar paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of second lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into second lumbar paravertebral facet joint using computed tomography (CT) guidance
64495	Injection of diagnostic agent into nerve of third and any additional lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of third and any additional lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into nerve of third and any additional sacral paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of third and any additional sacral paravertebral facet joint using imaging guidance; Injection of diagnostic agent into third and any additional lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into

	third and any additional lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into third and any additional sacral paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into third and any additional sacral paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of third and any additional lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into nerve of third and any additional sacral paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into third and any additional lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into third and any additional sacral paravertebral facet joint using computed tomography (CT) guidance
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
64999	Unlisted procedure, nervous system
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (list separately in addition to code for primary procedure)
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (list separately in addition to code for primary procedure)

Service: Initial/Subsequent Radiofrequency Ablation (RFA)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** Patients may receive a second radiofrequency ablation after 6 months if there was 50% improvement of symptoms.[15-21]
- **Recommended Clinical Approach:** Radiofrequency ablation for the facet joint may provide pain relief in 45% -60% of patients.[23,40]
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Initial/subsequent Radiofrequency Ablation (RFA)** is considered appropriate if **ALL** the following are **TRUE**[1,41]:

- ◆ The patient has had 2 or more medial branch diagnostic nerve blocks to locate the target level and they have provided 50% or greater relief of symptoms.
- ◆ The patient failed to show significant improvement in pain or disability level due to symptoms, despite receiving more than 6 weeks of conservative management (conservative management includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).

Non-Indications

➔ **Initial/subsequent Radiofrequency Ablation (RFA)** may not be appropriate if **ANY** of the following is **TRUE**[24-25]:

- ◆ Infection at the injection site
- ◆ The patient is allergic to local anesthetic.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
63435	Destruction of single lumbar paravertebral facet joint nerve using neurolytic agent and using fluoroscopic guidance; Destruction of single lumbar paravertebral

	facet joint nerve using neurolytic agent and using imaging guidance; Destruction of single sacral paravertebral facet joint nerve using neurolytic agent and using fluoroscopic guidance; Destruction of single sacral paravertebral facet joint nerve using neurolytic agent and using imaging guidance
64636	Destruction of each additional lumbar paravertebral facet joint nerve using neurolytic agent and using computed tomography (CT) guidance; Destruction of each additional lumbar paravertebral facet joint nerve using neurolytic agent and using fluoroscopic guidance; Destruction of each additional lumbar paravertebral facet joint nerve using neurolytic agent and using imaging guidance; Destruction of each additional sacral paravertebral facet joint nerve using neurolytic agent and using computed tomography (CT) guidance; Destruction of each additional sacral paravertebral facet joint nerve using neurolytic agent and using fluoroscopic guidance; Destruction of each additional sacral paravertebral facet joint nerve using neurolytic agent and using imaging guidance
64999	Unlisted procedure, nervous system

Service: Facet Cyst Aspiration

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests[42]:** Patients may receive a second Cyst Aspiration/Rupture after 3 months if there was a 50% or more improvement of symptoms.
- **Recommended Clinical Approach:** Blocks to be performed with imaging (fluoroscopy or ultrasound with Doppler) guidance. Pregnancy is a relative contraindication.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Facet Cyst Aspiration** is considered appropriate if **ALL** the following are **TRUE**[42]:

- ◆ If this is the first request for a Cyst Aspiration and **ALL** of the following are true:
  - Advanced diagnostic imaging confirms compression or displacement of the nerve root.
  - Clinical and physical symptoms related to the synovial cyst are documented.
- ◆ If this is a subsequent request for a Cyst Aspiration and **ALL** of the following are true:
  - Experience greater than or equal to 50% or more consistent improvement in pain for at least 3 months.

Non-Indications

➔ **Facet Cyst Aspiration** may not be appropriate if **ANY** of the following is **TRUE**[24-25]:

- ◆ Infection at the injection site
- ◆ The patient is allergic to local anesthetic.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
64999	Unlisted procedure, nervous system

Service: Intradiscal Biacuplasty, Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT), or Intradiscal Electrothermal Therapy (IDET)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Intradiscal electrothermal therapy may be appropriate in a select subgroup of people who have chronic low back pain for at least 3-6 months that is attributed to a spinal disc (discogenic pain).[26]
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Intradiscal biacuplasty, PIRFT, or IDET** are considered appropriate if **ALL** of the following are **TRUE**[1]:

- ◆ The patient fails to show significant improvement in pain or disability level due to symptoms despite receiving **3 or more months** of conservative management (conservative management includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).
- ◆ At least one of the following is **TRUE**:
  - Advanced imaging found an annular tear
  - Disc disease is limited to one or two levels
  - Disc height is greater than or equal to 50% of normal

Non-Indications

➔ **Intradiscal biacuplasty, PIRFT, or IDET** may not be appropriate if **ANY** of the following is **TRUE**[1]:

- ◆ Severe disc degeneration.
- ◆ Spinal stenosis.
- ◆ Spinal instability such as spondylolisthesis.
- ◆ The patient previously had back surgery or intradiscal electrothermal therapy.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
22526	Bilateral percutaneous intradiscal electrothermal annuloplasty of a single level of spine using fluoroscopic guidance; Unilateral percutaneous intradiscal electrothermal annuloplasty of a single level of spine using fluoroscopic guidance
22527	Bilateral percutaneous intradiscal electrothermal annuloplasty of a single additional level using fluoroscopic guidance; Bilateral percutaneous intradiscal electrothermal annuloplasty of multiple additional levels using fluoroscopic guidance; Unilateral percutaneous intradiscal electrothermal annuloplasty of multiple additional levels using fluoroscopic guidance; Unilateral percutaneous intradiscal electrothermal annuloplasty of single additional level using fluoroscopic guidance

Surgical Management

Service: Lumbar Fusion

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Surgery for low back pain (LBP) may include 1 or 2 levels of lumbar fusion. There is no established consensus or set of criteria regarding timing of surgical intervention. The literature shows no significant clinical difference in outcomes between comprehensive inpatient rehabilitation and fusion for chronic LBP. Advanced imaging is recommended before surgical intervention
- **Exclusions:** Lumbar fusion is not recommended as a routine treatment after discectomy.

Medical Necessity Criteria

Indications

➔ **Lumbar fusion for back pain** is considered appropriate if **ALL** of the following are **TRUE**[43]:

- ◆ The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
- ◆ The patient has failed to show significant improvement in pain or disability level due to symptoms despite receiving more than 6-12 months of non-surgical management (i.e., a combination of physical therapy, provider-directed home exercise programs, facet injections/MBBBs/ESIs, and anti-inflammatory/pain management medication or oral steroids).
- ◆ The patient has severe pain or disability due to symptoms or has progressive signs and symptoms.
- ◆ There is radiographic evidence of moderate to severe discogenic disease or spondylosis.
- ◆ The patient has completed cognitive behavioral therapy.

- **Revision surgery** for pseudarthrosis following an initial spine surgery may be appropriate if **ALL** the following conditions are **TRUE**[44]:
  - It has been at least one year since the previous surgery
  - There is clear radiographic evidence of pseudoarthrosis
  - The patient exhausted available conservative treatment measures.

Non-Indications

None.

Site of Service Criteria

Inpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
22533	Arthrodesis of lumbar vertebra with minimal discectomy; Arthrodesis of lumbar vertebra by lateral extracavitary technique with minimal discectomy
+22534	Arthrodesis of lumbar vertebra with minimal discectomy; Arthrodesis of lumbar vertebra with minimal discectomy
22558	Arthrodesis by anterior interbody technique of lumbar region with discectomy; Arthrodesis by anterior interbody technique of lumbar region, with minimal discectomy
+22585	Arthrodesis by anterior interbody technique of vertebral region with discectomy; Arthrodesis by anterior interbody technique of each additional interspace, with minimal discectomy
22612	Arthrodesis of lumbar vertebral segment by posterior and lateral transverse technique; Arthrodesis of lumbar vertebral segment by posterior technique; Arthrodesis of lumbar vertebral segment by posterolateral and lateral transverse technique; Arthrodesis of lumbar vertebral segment by posterolateral technique
+22614	Arthrodesis of each additional vertebral segment of single level by posterior technique; Arthrodesis of each additional vertebral segment of single level by posterolateral technique; Arthrodesis of vertebral segment by posterior technique; Arthrodesis of vertebral segment by posterolateral technique
22630	Arthrodesis of lumbar vertebral segment by posterior interbody technique with discectomy; Arthrodesis of lumbar vertebral segment by posterior interbody technique with laminectomy; Arthrodesis of lumbar vertebral segment by posterior interbody technique with laminectomy and discectomy; Arthrodesis of single

	lumbar vertebral interspace by posterior interbody technique with discectomy; Arthrodesis of single lumbar vertebral interspace by posterior interbody technique with laminectomy; Arthrodesis of single lumbar vertebral interspace by posterior interbody technique with laminectomy and discectomy
+22632	Arthrodesis of each additional vertebral interspace by posterior interbody technique with discectomy; Arthrodesis of each additional vertebral interspace by posterior interbody technique with laminectomy; Arthrodesis of each additional vertebral interspace by posterior interbody technique with laminectomy and discectomy; Arthrodesis of lumbar vertebral segment by posterior interbody technique with discectomy; Arthrodesis of lumbar vertebral segment by posterior interbody technique with laminectomy; Arthrodesis of lumbar vertebral segment by posterior interbody technique with laminectomy and discectomy
22633	Arthrodesis of single lumbar vertebral interspace by combined posterior technique and posterior interbody technique, with discectomy; Arthrodesis of single lumbar vertebral interspace by combined posterior technique and posterior interbody technique, with laminectomy; Arthrodesis of single lumbar vertebral interspace by combined posterior technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of single lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with discectomy; Arthrodesis of single lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with laminectomy; Arthrodesis of single lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of single lumbar vertebral segment by combined posterior technique and posterior interbody technique, with laminectomy; Arthrodesis of single lumbar vertebral segment by combined posterior technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of single lumbar vertebral segment by combined posterolateral technique and posterior interbody technique, with discectomy

+22634	Arthrodesis by combined technique of lumbar vertebral segment with discectomy; Arthrodesis by combined technique of lumbar vertebral segment with laminectomy; Arthrodesis by combined technique of lumbar vertebral segment with laminectomy and discectomy; Arthrodesis of each additional lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with discectomy; Arthrodesis of each additional lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with laminectomy; Arthrodesis of each additional lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterior technique and posterior interbody technique, with discectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterior technique and posterior interbody technique, with laminectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterior technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterolateral technique and posterior interbody technique, with discectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterolateral technique and posterior interbody technique, with laminectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterolateral technique and posterior interbody technique, with laminectomy and discectomy
22865	Removal of artificial disc from total disc arthroplasty of lumbar vertebral interspace by anterior approach; Removal of artificial disc from total disc arthroplasty of single lumbar vertebral interspace by anterior approach
+63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
+63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda

	equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)
63087	Vertebral corpectomy lumbar (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s)
63088	Vertebral corpectomy lumbar (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s)
22840	Posterior non segmental instrumentation
22842	Posterior segmental instrumentation 3-6 vertebral segments
22843	Posterior segmental instrumentation 7-12_vertebral segments
22844	Posterior segmental instrumentation >/13 vertebral segments
22845	Anterior Instrumentation 2-3 vertebral segments
22846	Anterior Instrumentation 4-7 vertebral segments
22847	Anterior Instrumentation >/8 vertebral segments
22853	Insertion of biomechanical interbody device with arthrodesis
22854	Insertion of biomechanical device with corpectomy defect w/ arthrodesis

Service: Sacroiliac (SI) Joint Fusion

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** SI joint fusion may be appropriate for patients with low back pain originating from the SI joint and that does not improve with nonoperative treatment.[22]
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **SI joint fusion** is considered appropriate if **ALL** of the following are **TRUE**:
- ◆ The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
- ◆ The patient fails to show significant improvement in pain or disability level despite receiving non-surgical management for more than 6 months (i.e., a combination of physical therapy, provider-directed home exercise programs, facet injections/MBBB/ESIs, and anti-inflammatory/pain management medications or oral steroids).
- ◆ The patient has severe pain or disability due to symptoms or has progressive signs and symptoms.
- ◆ The patient has a positive response to 3 or more provocative SI joint tests.[45] Provocative SI joint tests include distraction, compression, thigh thrust, Gaenslen's, FABER maneuver, and sacral thrust.
- ◆ There was a positive response from SI joint injections.

Non-Indications

None.

Site of Service Criteria

Inpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
27279	Percutaneous arthrodesis of sacroiliac joint with insertion

	of fixation device using imaging guidance
27280	Open arthrodesis of sacroiliac joint

Surgical Risk Factors

Patient Medical Risk Stratification

Patient Risk Score	Patient Characteristic	Min Range	Max Range	Guidance
1- Very Low Risk	No known medical problems			
2- Low Risk	Hypertension		180/110 mm Hg	
2- Low Risk	Asthma	peak flow >80% of predicted or personal best value		
2- Low Risk	Prior history of alcohol abuse			Screen for liver disease and malnutrition
2- Low Risk	Prior history of tobacco use			
3- Intermediate Risk	Asthma	peak flow <80% of predicted or personal best value		
3- Intermediate Risk	Active alcohol abuse			
3- Intermediate Risk	Age	65	75	
3- Intermediate Risk	History of treated, stable coronary artery disease (CAD)			
3- Intermediate Risk	Stable atrial fibrillation			
3- Intermediate Risk	Diabetes mellitus	HbA1C >7%		
3- Intermediate Risk	Morbid obesity	BMI 30	BMI 40	
3- Intermediate Risk	Anemia	hemoglobin <11 (females), <12 (males)		Workup to identify etiology
3- Intermediate Risk	HIV	CD4 <200 cells/mm3		Get clearance from HIV specialist

3- Intermediate Risk	Rheumatologic disease			Preoperative consultation with rheumatologist re: perioperative medication management
3- Intermediate Risk	Peripheral vascular disease or history of peripheral vascular bypass	ankle-brachial pressure index (ABPI) <0.9		Preoperative consultation with vascular surgeon
3- Intermediate Risk	History of venous thromboembolism (VTE)			
3- Intermediate Risk	Well-controlled obstructive sleep apnea			
3- Intermediate Risk	Malnutrition	transferrin <200 mg/dL albumin <3.5 g/dL prealbumin <22.5 mg/dL total lymphocyte count <1200-1500 cell/mm3 BMI <18		Preoperative consultation with nutritionist
3- Intermediate Risk	Active tobacco Use			Enroll patient in smoking cessation program
4- High Risk	Diabetes mellitus with complications	HbA1c >8%		
4- High Risk	Age	76	85	
4- High Risk	Oxygen dependent pulmonary disease			
4- High Risk	Sickle cell anemia			
4- High Risk	Obesity	BMI 40		
4- High Risk	Cirrhosis, history of hepatic decompensation or variceal bleeding			
4- High Risk	Impaired cognition; dementia			

4- High Risk	Compensated CHF			
4- High Risk	Cerebrovascular disease			
4- High Risk	Uncontrolled or suspected obstructive sleep apnea (OSA)			
4- High Risk	Renal insufficiency	serum creatinine >1.5 mg/dL or creatinine clearance <100 mL/min		
4- High Risk	Opioid dependence			
4- High Risk	End Stage Liver Disease			
4- High Risk	Uncontrolled Seizure Disorder			
4- High Risk	History of Malignant Hyperthermia			
5- Very High Risk	Cardiovascular: unstable angina, recent myocardial infarction (60 days), uncontrolled atrial fibrillation or other high-grade abnormal rhythm, severe valvular disease, decompensated heart failure			
5- Very High Risk	Primary pulmonary hypertension			Preoperative consultation with pulmonologist warranted
5- Very High Risk	Cirrhosis or severe liver disease, history of hepatic decompensation or variceal bleeding			
5- Very High Risk	Severe frailty, dependence for ADLs, or history of 3 or more falls in last 6 mos			
5- Very High Risk	Obesity		BMI >50	
5- Very High Risk	Age		>85	

5- Very High Risk	History of VTE with CI to anticoagulation, failure of anticoagulation, cessation of anticoagulation therapy secondary to bleeding			Preoperative consultation with hematologist or internist
5- Very High Risk	Renal failure requiring dialysis			
5- Very High Risk	Immunosuppression			
5- Very High Risk	Chronic Pain			

Postoperative Care

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** Physical therapy may be prescribed 4-6 weeks after lumbar fusion surgery. Education and activity supervision may begin immediately. Formal spine rehabilitation may begin later to allow fusion healing (approximately 8-12 weeks). Physical therapy may be appropriate for up to 6 months post fusion.[46]
- **Criteria for Subsequent Requests:** The patient should be progressing towards goals in the physical therapy plan without fully obtaining all goals.
- **Recommended Clinical Approach:** None.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Post-acute physical therapy** is considered appropriate if **ANY** of the following is **TRUE**[46]:

- ◆ The patient underwent lumbar fusion.

Non-Indications

None.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath

97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20

	minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes
97761	Initial prosthetic training of lower extremities, each 15 minutes; Initial prosthetic training of lower extremity, each 15 minutes

	Initial prosthetic training of upper and lower extremities, each 15 minutes; Initial prosthetic training of upper extremities, each 15 minutes; Initial prosthetic training of upper extremity, each 15 minutes
	Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity, each 15 minutes Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities, each 15 minutes Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes Subsequent orthotic management and training of upper extremity, each 15 minutes Subsequent orthotic management of lower extremities and trunk, each 15 minutes Subsequent orthotic management of lower extremity and trunk, each 15 minutes Subsequent orthotic management of lower extremity, each 15 minutes Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities, each 15 minutes Subsequent orthotic management of upper extremity and trunk, each 15 minutes Subsequent orthotic management of upper extremity, each 15 minutes
97763	Subsequent orthotic training of lower extremity, each 15

	minutes Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic training of upper extremities and trunk, each 15 minutes Subsequent orthotic training of upper extremities, each 15 minutes Subsequent orthotic training of upper extremity and trunk, each 15 minutes Subsequent orthotic training of upper extremity, each 15 minutes Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes Subsequent prosthetic management and training of lower extremity, each 15 minutes Subsequent prosthetic management and training of upper and lower extremities and trunk, each 15 minutes Subsequent prosthetic management and training of upper extremities and trunk, each 15 minutes Subsequent prosthetic management and training of upper extremities, each 15 minutes Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes Subsequent prosthetic management and training of upper extremity, each 15 minutes Subsequent prosthetic management of lower extremities and trunk, each 15 minutes Subsequent prosthetic management of lower extremity and trunk, each 15 minutes Subsequent prosthetic management of lower extremity, each 15 minutes Subsequent prosthetic management of upper and lower extremities and trunk, each 15 minutes Subsequent prosthetic management of upper extremities and trunk, each 15 minutes Subsequent prosthetic management of upper extremities, each 15 minutes

	Subsequent prosthetic management of upper extremity and trunk, each 15 minutes Subsequent prosthetic management of upper extremity, each 15 minutes Subsequent prosthetic training of lower extremity, each 15 minutes Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes Subsequent prosthetic training of upper extremities and trunk, each 15 minutes Subsequent prosthetic training of upper extremities, each 15 minutes Subsequent prosthetic training of upper extremity and trunk, each 15 minutes Subsequent prosthetic training of upper extremity, each 15 minutes Subsequent orthotic management and training of lower extremities, each 15 minutes Subsequent orthotic management of lower extremities, each 15 minutes Subsequent orthotic training of lower extremities and trunk, each 15 minutes Subsequent orthotic training of lower extremities, each 15 minutes Subsequent orthotic training of lower extremity and trunk, each 15 minutes Subsequent prosthetic management and training of lower extremities, each 15 minutes Subsequent prosthetic management of lower extremities, each 15 minutes Subsequent prosthetic training of lower extremities and trunk, each 15 minutes Subsequent prosthetic training of lower extremities, each 15 minutes Subsequent prosthetic training of lower extremity and trunk, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy

421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

Service: Home Health Care

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Home health care may be recommended for postoperative care if outpatient treatment is not indicated based on hospital case management recommendations.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Home health care** may be appropriate if **ALL** of the following are **TRUE**:
  - The patient lives with those who are unable to care for the patient postoperatively.
  - The patient underwent lumbar fusion.

Non-Indications

None.

Site of Service Criteria

Home

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
99509	Home visit for assistance with activities of daily living and personal care
99600	Unlisted home visit procedure; Unlisted home visit service
99334	Level 1 rest home visit for evaluation and management of established patient with minor and/or self-limited problem, including problem-focused interval history and physical examination, and straightforward medical decision-making, typical time with patient, family, and/or caregiver 15 minutes
G0129	Partial hosp prog service
G0283	Elec stim other than wound

Service: Inpatient Rehabilitation

General Guidelines

- **Units, Frequency, & Duration:** Postoperative rehabilitation is recommended to begin as soon as possible for all patients. No guidelines are available for the specific duration, timing, or frequency.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** There are no firmly established criteria for discharge appropriateness. Discharge depends upon medical stability, pain control, home situation, and if PT/OT goals were met. Some patients may require non-home discharge after surgery depending upon their age, comorbidities, and functional needs. Rehabilitation guidelines are not firmly established. There are no data available on outcomes nor firm recommendations on appropriate discharge destination. Post-acute care may be warranted. Cognitive behavioral therapy (CBT) may be included in postoperative rehabilitation programs.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Post-acute inpatient rehabilitation** is considered appropriate if **ALL** of the following is **TRUE**:

- ◆ **ANY** of the following are **TRUE**:
  - Neurologic deficit occurs postoperatively.
  - Postoperative complications.
  - Multiple medical comorbidities.
  - The patient requires maximum assistance for mobility.
  - The patient is a potentially unsafe discharge to home.
- ◆ The patient underwent lumbar fusion.

Non-Indications

None.

Site of Service Criteria

Inpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97799	Physical medicine service

Service: Skilled Nursing Facility (SNF)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** May be indicated for postoperative care in cases where the surgery occurred at an inpatient hospital, and outpatient physical therapy or home health care are not indicated.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Skilled nursing facilities (SNF)** are considered appropriate if **ALL** of the following are **TRUE**:

◆ The patient underwent lumbar fusion and **ANY** of the following is **TRUE**:

- Neurologic deficit occurs postoperatively.
- Postoperative complications.
- Multiple medical comorbidities.
- The patient requires maximum assistance for mobility.
- The patient is a potentially unsafe discharge to home.

Non-Indications

None.

Site of Service Criteria

Nursing facility

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
99304	Level 1 initial nursing facility care for evaluation and management of patient with problem of low severity, including comprehensive history and physical examination, and medical decision-making of low complexity, typical time 25 minutes; Level 1 initial nursing facility care for evaluation and management of patient with problem of low severity, including detailed history and physical examination, and straightforward medical

	decision-making, typical time 25 minutes
99305	Level 2 initial nursing facility care for evaluation and management of patient with problem of moderate severity, including comprehensive history and physical examination, and medical decision-making of moderate complexity, typical time 35 minutes
99306	Level 3 initial nursing facility care for evaluation and management of patient with problem of high severity, including comprehensive history and physical examination, and medical decision-making of high complexity typical time 45 minutes
99307	Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and physical examination, and straightforward medical decision-making, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and physical examination, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and straightforward medical decision-making, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused physical examination and straightforward medical decision-making, typical time 10 minutes
99308	Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and medical decision-making of low complexity, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and physical examination, and medical decision-making of low complexity, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and physical examination, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused physical examination and medical

	decision-making of low complexity, typical time 15 minutes
99309	Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and medical decision-making of moderate complexity, typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and physical examination, and medical decision-making of moderate complexity. typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and physical examination, typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed physical examination and medical decision-making of moderate complexity, typical time 25 minutes
99310	Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and medical decision-making of high complexity, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and physical examination, and medical decision-making of high complexity, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and physical examination, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive physical examination and medical decision-making of high complexity, typical time 35 minutes
99315	Nursing facility discharge day management, 30 minutes or less
99316	Nursing facility day management, more than 30 minutes
G0128	Corf skilled nursing service

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Clinical Guideline Revision History/Information

Original Date: September 1, 2020	
Review History	
April 21, 2021 (V1 - V5)	**Approving Physician:** Dr. Brian Covino
October 14, 2021 (V.6)	**Reviewing Physician:** Dr. Vijay Yanamadala **Approving Physician:** Dr. Brian Covino
December 29, 2022 (V.7)	**Reviewing Physician:** Dr. Vijay Yanamadala **Approving Physician:** Dr. Traci Granston