

American Society of Interventional Pain Physicians®

"The Voice of Interventional Pain Management"

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Re: Recent publication of medical policy for epidural steroid injections for spinal pain
Policy Number: 2022T0616D

Dear Mr. Thompson and Dr. Docimo:

Thank you for the update.

On behalf of the American Society of Interventional Pain Physicians (ASIPP), 49 state societies, and the Puerto Rico Society of Interventional Pain Physicians, as well as the entire membership of ASIPP, we thank you for your constant updates. However, we would like to discuss our concerns about the recently implemented policy effective June 1, 2022, Policy Number: 2022T0616D.

Once again, as in past occurrences, it appears this policy has been published without an appropriate pre-publication review and comment period for the benefit of stakeholders and for medical policy critique. In addition, it appears that the principles of evidence-based medicine have not been applied. This policy is inconsistent with local coverage policies across the nation. We request that you revise the policy based on the following issues:

1. We recommend that the terminology for short-term management of acute or subacute radicular pain be revised **to subacute or chronic radicular pain.**
2. The second issue pertains to the requirement of documentation of both 50% pain relief and functional improvement. **This should be changed to pain relief of $\geq 50\%$ or functional status improvement as measured by validated measurement tools.**
3. Please revise the documentation demands for an initial injection since it can be very difficult or impossible to obtain full information on patients related to prior treatments (as to those tried, failed, or contraindicated or reasons for discontinuation) and treatment dates.

4. Eliminate the requirement to document the history of epidural injections in the previous 12 months.

As you are aware, and as we have noted in the past, chronic spinal pain is the most prevalent chronic disease, requiring employment of numerous treatment modalities including interventional techniques and epidural injections. Some of the current policies may be facilitating the opioid epidemic by decreasing opioid prescriptions as based on the guidelines set by the Centers for Disease Control and Prevention (CDC). Some medical policies have mandated even stricter opioid policies than the CDC. Compounding this crisis is the reduction in patient access to necessary interventional procedures, coupled with ease availability of illicit drugs, leading escalating opioid epidemic. This will also cause hardships for patients working specifically with commercial policies such as United Healthcare and may push them to an increasing use of opioids.

Further, epidural injections are used on a long-term basis, not only to avoid surgery, but also in the patients who have been unable to obtain appropriate improvement with physical therapy, pharmacotherapy, surgical interventions, and sometimes even neuromodulation.

In addition, the policy published by United Healthcare contradicts nationwide policies by Medicare, Medicaid, and other insurers. The Medicare Advantage and Medicaid plans published by your insurance also contradict commercial policies.

ASIPP guidelines published in 2021 appear to have been reviewed in your references. The recent publication on epidural injections continues to show a decline into 2019 and a substantial decline from 2019 to 2020.

Manchikanti L, et al. COVID-19 pandemic reduced utilization of interventional techniques 18.7% in managing chronic pain in the Medicare population in 2020: Analysis of utilization data from 2000 to 2020. *Pain Physician* 2022; 25:223-238.)

There has been significant literature based on two public health epidemics with a recent publication discussing the fourth wave of the opioid epidemic. Unfortunately, these issues are intimately intertwined.

Manchikanti L, et al. COVID-19 and the opioid epidemic: Two public health emergencies that intersect with chronic pain. *Pain Ther* 2021; 10:269-286.

Manchikanti et al. **Fourth wave of opioid (illicit drug) overdose deaths and diminishing access to prescription opioids and interventional techniques: Cause and effect.** *Pain Physician* 2022; 25:97-124.)

Consequently, once again, based on the available evidence and available policies, we request that you make our recommended changes with allowance for additional procedures. The following are our recommendations:

CRITERIA TO BE MET:

1. The injection is intended for the management of acute, subacute, or chronic radicular pain.

LIMITATIONS

1. The present policy limits, a maximum of 3 ESI sessions per region regardless of level, location, or side per year with documentation of 50% pain relief achieved for 3 or more months. The wording of this standard limits patients to only 9 months of relief.

Consequently, the wording for this required time interval should be changed to 4 ESI sessions per year and should include a caveat allowing for a second injection earlier than 3 months if the patient demonstrates improvement after the initial injection lasting ≤ 14 days as Medicare has established.

2. The second problematic requirement relates to the documentation of improvement of 50% pain relief achieved for 3 or more months in additions to 50% functional improvement as measured by validated measurement tools. This requirement should be changed to:
 - Injection resulted in $\geq 50\%$ pain relief or functional improvement as measured by validated measurement tools for 3 months.

We have provided a summary of evidence in our previous letter dated January 29, 2021, on the same issue (see attached).

ASIPP is a not-for-profit professional organization founded in 1998 now comprising over 4,500 interventional pain physicians and other practitioners who are dedicated to ensuring safe, appropriate, and equal access to essential pain management services for patients across the country suffering with chronic and acute pain. There are approximately 8,500 appropriately trained and qualified physicians practicing interventional pain management in the United States. ASIPP is comprised of 49 state societies of Interventional Pain Physicians, including Puerto Rico and the affiliated Texas Pain Society.

CONCLUSION

In conclusion, we appreciate your concern. We ask that you seriously consider our evidence-based recommendations. Our recommendations are made using strict methodologic considerations based on an extensive review and synthesis of the available literature. Above all, our recommendations follow Medicare local coverage determinations (LCDs) and other medical policies. Some of which are from United Healthcare. Thus, we emphasize adapting the following:

1. Change the definition to reflect that the injection is intended for the management of acute, subacute, or chronic radicular pain.
2. A maximum of 4 ESI sessions per region regardless of level, location or side per year are permitted to include the ability to perform a second ESI injection sooner than 3 months if documented relief from the first procedure lasts less than 3 months.
3. The injection results in $\geq 50\%$ pain relief or functional status improvement measured by validated measurement tools for 3 months.
4. The number of injections do not exceed 4 per year per region.

We also request that the required clinical information be changed since demanding documentation of every treatment the patient has received along with treatment dates is overly laborious and may not be achievable or accurate. This requirement could produce significant conflicts in the patient's treatment history and could produce errors in future treatment plans.

Thank you again. If you have any questions, please feel free to contact us.

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