

Clinical Policy: Intradiscal Steroid Injections for Pain Management

Reference Number: LA.CP.MP.167

Date of Last Revision: 08/24

[Coding Implications](#)

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Description

Intradiscal steroid injections involve injecting glucocorticoids directly into the spinal disc that has been identified as the source of pain.

Policy/Criteria

- I. It is the policy of Louisiana Healthcare Connections that intradiscal steroid injections are considered **not medically necessary** because effectiveness has not been established. The published literature suggests both positive and negative results. Further research is being done to determine the safety and efficacy of injecting steroids directly into the disc.

Background

There is limited and conflicting evidence regarding the effectiveness of intradiscal glucocorticoids for low back pain.¹ In patients with magnetic resonance imaging (MRI) evidence of degenerative disc disease and a positive response to discography, two trials found no difference between intradiscal steroid and control injection (saline or local anesthetic).¹ A third trial found that in patients with degenerative disc disease who failed an epidural steroid injection, intradiscal steroid injection was superior to discography alone only in the subgroup of patients with inflammatory endplate changes on MRI.¹ However, outcomes were not well defined in this trial, and levels of statistical significance were poorly reported. Based on these trials, the American Pain Society guideline recommends against intradiscal glucocorticoid injection for presumed discogenic pain.²

A randomized trial of 135 patients with active discopathy treated with a glucocorticoid intradiscal injection during discography or discography alone, found that back pain was improved at one month in the intradiscal injection group, but the effect was not present at 12 months.³ Secondary outcomes such as activity limitations, use of analgesics, quality of life, and anxiety and depression did not differ between the treatment and control groups at either evaluated time point.³

The use of intradiscal steroid injections is also debated because intradiscal steroid may cause discitis, progression of disc degeneration, and calcification of the intervertebral disc.¹

Coding Implications

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of professional coding guidance prior to the submission of claims for reimbursement of covered services.

NOTE: Coverage is subject to each requested code’s inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

| CPT® Codes | Description |
|------------|---------------------------|
| 22899 | Unlisted procedure, spine |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date | Effective Date |
|--|---------------|---------------|----------------|
| Converted corporate to local policy. | 08/15/20 | | |
| Annual review. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.” References reviewed, reformatted and updated. Specialist review. | 1/2022 | | |
| Annual Review. Replaced “member” with “member/enrollee” in all instances. Background updated with no impact on criteria. References reviewed and updated. Specialist reviewed. | 9/22 | | |
| Annual review. References reviewed and updated. Note for non-covered codes added. | 09/23 | 11/27/23 | |
| Annual review. References reviewed and updated. Reviewed by external specialist. | 08/24 | 10/23/24 | 11/22/24 |

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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CLINICAL POLICY

Intradiscal Steroid Injections



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