

UCLA Medical Group Medical Management Guidelines Pain Alleviating Procedures

Department: Utilization Management
Section: UM Program

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Overview

Purpose

Establish an evidence-based clinical policy for pain alleviating procedures in the UCLA managed care population in order to standardize care and processes across settings, specialties, health plans, lines of business, providers and UM reviewers.

Policy

General Consultations

Initial referral to a specialist for the purpose of pain relief is appropriate after a reasonable period of standard conservative treatment fails to achieve adequate pain relief.

Spine and Paraspinal Procedures

Nerve Block with local anesthetic is medically necessary after a standard evaluation under the following conditions:

- An examination has localized and/or reproduced pain consistent with the nerve to be anesthetized; and
- Medical conditions for which this treatment would be harmful or contraindicated have been appropriately ruled out; and
- The primary purpose of this injection is diagnostic, not analgesic, and should not exceed two per year.

Intra-articular facet steroid injection is a therapeutic procedure subject to the following conditions:

- Treatment should not occur more frequently than every three months.
- Significant and lasting pain relief has been demonstrated from prior injections to the site.

Nerve destruction (chemical or other ablation) is considered medically necessary in the following circumstances:

- Two diagnostic blocks on separate days have achieved significant pain relief.
- There has not been a prior nerve destruction within the last six months.
- Repeat procedures may be performed up to every six months without additional diagnostic nerve blocks if prior procedures produced significant pain relief.

Epidural (local anesthetic and/or steroid) injection is indicated for local and radicular pain under the following circumstances:

- There is no evidence of spinal cord compression, local neoplasm or other contraindications.
- Each injection should be based on a pre-procedure evaluation along with evidence of effectiveness rather than a pre-planned series of injections.
- Repeated treatments may be required during the initial stabilization phase (two to three injections) before pain relief is achieved. Thereafter, additional treatments should occur only after significant and lasting pain relief has been demonstrated from prior injections.

Peripheral Nerve Procedures

Nerve block procedures in the ambulatory setting are typically for the diagnostic purpose of identifying pain sources and informing future treatment plans. This policy applies to all peripheral nerves including genicular and facial nerves.

- The number of injections is limited to two for diagnostic purposes. To be considered medically necessary, there must be a specific symptom that this nerve block will alleviate.
- In certain circumstances there is a treatment benefit from nerve blocks. In these circumstances, the nerve block may be repeated no more than every six months if significant and lasting pain relief was previously accomplished.
- Nerve ablation is indicated after two prior nerve blocks have been performed on separate days with significant pain relief, or if a prior ablation produced significant pain relief and was performed at least six months prior.
- Occipital nerve blocks or ablations meeting the above criteria may be repeated every three months.

Tendon Sheath Injections (including insertion point)

There is insufficient evidence that this approach is safe and effective for the routine treatment of most conditions.

- Tendon sheath injections in general are not medically necessary for the exclusive purpose of pain relief, including for headaches and muscular pain.
- There is evidence that tendon sheath injections are medical necessary for certain specific conditions such as, but not limited to, elbow tendonitis, trigger finger and De Quervain's tenosynovitis. In these conditions, the treatment is typically limited to one injection after six or more months of conservative treatment (e.g., NSAIDS, PT, rest, stretching) has failed to improve the discomfort.
- This procedure is not equivalent to trigger point injections.

Imaging Guidance

Fluoroscopy is medically necessary for the identification of structures in the majority of procedures but is not required to localize the knee joint for the purpose of aspiration or

injection.

Ultrasound: Ultrasound (“US”) guidance may improve accuracy of needle placement in joints that are difficult to access.

US guidance⁵ is of greatest use for joints or other periarticular spaces that are especially difficult to enter based upon external landmarks alone. These regions and the recommended US approach include:

- Carpal tunnel (direct or indirect)
- Metacarpophalangeal joints (direct)
- Hip joint (direct or indirect)
- Sacroiliac joint (direct)
- Subtalar joint (direct)
- Metatarsophalangeal joints (direct)

US guidance may be of benefit in the following clinical circumstances based on factors, including cost, expertise of the clinician, use of reliable anatomic landmarks, typical industry standards, and the prior success of unguided procedures:

- Posterior glenohumeral (GH) joint (direct or indirect)
- Subacromial bursa (direct or indirect)
- Elbow joint (direct or indirect)
- Wrist (radiocarpal) joint (direct or indirect)
- De Quervain tendinopathy (direct)
- Trigger finger (direct)
- Baker's cyst (direct or indirect)
- Tibiotalar joint (direct or indirect, after failure of unguided procedure)

US guidance is generally not necessary in the following joints:

- Acromioclavicular joint
- Knee (except in individuals with obesity)
- Tibiotalar joint

However, ultrasound guidance of the knee for the injection of viscosupplementation₂ with intraarticular hyaluronic acid derivatives₂ will be permitted to limit possible extravasation of the agent outside the joint space. Ultrasound guidance of the knee for corticosteroid injections is not considered medically necessary to facilitate injection.

Localization of the occipital nerve is not considered medically necessary to facilitate injection.

Procedural Conscious Sedation

Sedation is medically necessary for cervical procedures. It is also medically necessary for radiofrequency ablation at any spinal level when multiple injections are required for a procedure, or when multiple procedures are performed during the same encounter. Procedural

Conscious Sedation for any other procedure is not medically necessary in the absence of well-documented and compelling clinical reasons, such as previously documented pain intolerance, anxiety etc.

Joint Specific Procedures

Genticulate artery embolization is investigational and not medically necessary for knee pain. There is insufficient evidence that pain relief is produced safely and reliably by this procedure.

Clinical practice guidelines made available by UCLA Medical Group and Santa Monica Bay Physicians Medical Group are informational in nature and are intended as a resource for health plan members when making coverage decisions. They are not a substitute for the professional medical judgment of treating physicians and do not replace individualized case-by-case review or medical necessity determination. These guidelines are based on information available at the time of writing and may not reflect the most current information. Please note that specific care and treatment may vary depending on an individual's need and the benefits covered under the individual's health plan contract. Disclosure of clinical practice guidelines is not a guarantee of coverage.

When UCLA Health is the payer, the guidelines above shall support the authorization of services that might otherwise be considered not medically necessary based on more restrictive guidance issued by the health plan, or applicable government entity or when the health plan, or applicable government entity, has not issued guidance with adequate specificity to support a determination.

Applicability

The **Pain Alleviating Procedures Practice Guidelines** are applicable to the following product lines/health plans:

- Commercial
- Medicare Advantage
- Medi-Cal

Definitions

1. Diagnostic Injection is a medical procedure where a substance, often an anesthetic, is injected into a specific area of the body to help pinpoint the source of pain or other symptoms, thereby aiding in diagnosis.
2. Therapeutic Injection is a medical procedure where medication is injected into a specific area (like a joint, muscle, or nerve) to treat pain, inflammation, or other conditions.

References

1. Evaluating Patient-Centered Outcomes in Clinical Trials of Procedural Sedation, Part 1 Efficacy: Sedation Consortium on Endpoints and Procedures for Treatment, Education, and Research Recommendations
Anesthesia & Analgesia: March 2017 - Volume 124 - Issue 3 - p 821-830
2. Blumenfeld A, Ashkenazi A, Napchan U, et al. Expert consensus recommendations for the performance of peripheral nerve blocks for headaches--a narrative review. Headache 2013; 53:437.
3. Robbins MS, Robertson CE, Kaplan E, et al. The Sphenopalatine Ganglion: Anatomy, Pathophysiology, and Therapeutic Targeting in Headache. Headache 2016; 56:240.
4. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>
5. Bruyn G, UpToDate, Musculoskeletal ultrasonography: Guided injection and aspiration of joints and related structures, May 20, 2021.
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Document Control

Approved By	Date Approved	Contributors
WW UMC Committee	01/20/21	Jessica Sims, M.D. Rob Kassan, M.D. Bernard Katz, M.D. Michael Ferrante, M.D. Irene Wu, M.D.

Revision/Review History

Date	Action	Reason
01/20/21	Approved in UMC	Policy Creation
09/20/23	Approved in UMC	Update to PNP section
3/19/25	Approved in UMC	Format and grammatical updates. Added statement bottom pg.4 on guideline application.