

# EPIDURAL INJECTIONS LCD (DL39015)

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- NO RELEVANT CONFLICTS

# 4 CONCERNS FROM THE LCD

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- Deletion of Percutaneous Adhesiolysis
  - Suggestion – Add to the LCD
- 12 month limit on ESI
  - Suggestion – Eliminate this portion of the LCD
- Duration between procedures
  - Suggestion – Still limit 4 per year but consider more freedom to do them
- Cap on total steroid dose
  - Suggestion – change to lowest effective dose

# PERCUTANEOUS ADHESIOLYSIS

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- Safe and Effective Technique
- Was part of the discussion and SME section
- Not included in the LCD
- Represents a cost effective approach to treating patients

# 12 MONTH LIMIT ON ESI

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- Concerns for unneeded documentation burden
- The LCD already has rigid criteria and limitations for total number of procedures in place- still have to follow those after 12 months
- The LCD already has guardrails in place to prevent abuse beyond 12 years
- Elderly or chronic condition patients
- Suggest to change language from “Radiculopathy” to “Radicular Pain”

# DURATION BETWEEN PROCEDURES

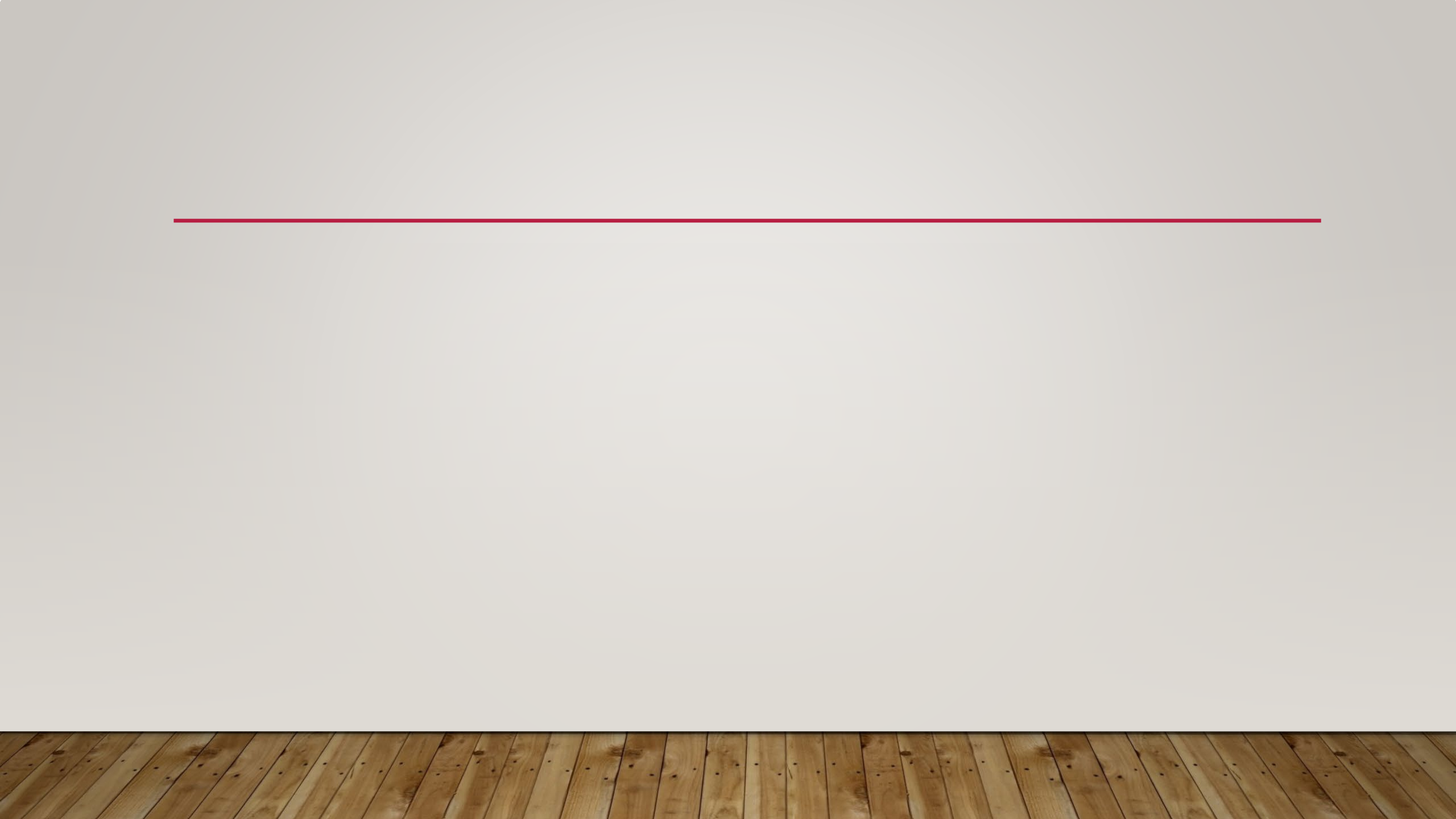
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- Time span seems arbitrary and not evidenced based
- Why would it matter if you limit to a total of 4 per year?
- Acute Radiculopathy – disk herniation or acute injury may benefit from multiple treatments closer together
- Multiple ways to help – suggest 2 – 4 weeks for the first two or suggest that repeat injections can be completed with appropriate documentations of success and rationale for repeat

# CAP ON TOTAL DOSE

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- Strange because there is a limit on 4 injections per year – so even at higher doses it would not be clinically significant
- Not evidenced based
- All for lowest effective dose and physician discretion
- Medrol Dosepacks are unregulated and used commonly in radiculopathy and represent a much higher systemic dose





# 4 CONCERNS FROM THE LCD - SUMMARY

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- THANKS!