

**Health Technology Clinical Committee
Final Findings and Decision**

Topic: Spinal Injections
Meeting Date: March 18, 2016
Final Adoption: **May 20, 2016**

Meeting materials and transcript are available on the HTA website:
www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx

Number and Coverage Topic:

20160318B – Spinal Injections

HTCC Coverage Determination:

Spinal injections are a **covered benefit with conditions**.

HTCC Reimbursement Determination:

Limitations of Coverage: *

- Therapeutic epidural injections in the lumbar or cervical-thoracic spine for chronic pain are a covered benefit when all of the following conditions are met: ☐
 - For treatment of radicular pain; ☐
 - With fluoroscopic guidance or CT guidance; ☐
 - After failure of conservative therapy; ☐
 - No more than two without clinically meaningful improvement in pain and function; and
 - Maximum of three in six months. ☐

- Therapeutic sacroiliac joint injections for chronic pain is a covered benefit when all of the following conditions are met: ☐
 - With fluoroscopic guidance or CT guidance; ☐
 - After failure of conservative therapy; and ☐
 - No more than one without clinically meaningful improvement in pain and function, subject to agency review.

* This coverage policy does not apply to those with a known systemic inflammatory disease such as: ankylosing spondylitis, psoriatic arthritis or enteropathic arthritis.

Non-Covered Indicators:

Therapeutic medial branch nerve block injections, intradiscal injections and facet injections are not a covered benefit.

Agency Contact Information:

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

HTCC Coverage Vote and Formal Action:

Committee Decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee concluded that the current evidence for spinal injections is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for use of spinal injections compared to alternatives. The committee considered the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to cover with conditions spinal injections with no change to the conditions from the original determination. The committee did add a clarifying statement [revised by the committee following public comment] to make clear that the determination does not apply to injections for those with a known systemic inflammatory disease such as: ankylosing spondylitis, psoriatic arthritis or enteropathic arthritis.

	Not Covered	Covered Under Certain Conditions	Covered Unconditionally
Spinal Injections	0	11	0

Discussion

The committee reviewed and discussed the evidence for use of spinal injections. The committee determined that new evidence did not support a change in the original determination of coverage with conditions and the original conditions were not changed.

Limitations*

- Therapeutic epidural injections in the lumbar or cervical-thoracic spine for chronic pain are a covered benefit when all of the following conditions are met:
 - For treatment of radicular pain;
 - With fluoroscopic guidance or CT guidance;
 - After failure of conservative therapy;
 - No more than two without clinically meaningful improvement in pain and function; and
 - Maximum of three in six months.

- Therapeutic sacroiliac joint injections for chronic pain is a covered benefit when all of the following conditions are met:
 - With fluoroscopic guidance or CT guidance;
 - After failure of conservative therapy; and

* This coverage policy does not apply to those with a known systemic inflammatory disease such as: ankylosing spondylitis, psoriatic arthritis or enteropathic arthritis. [Revised following public comment from “Limitations do not apply to injections for inflammatory arthropathy.”]

- No more than one without clinically meaningful improvement in pain and function, subject to agency review.

Non-Covered Indicators

- Therapeutic medial branch nerve block injections; intradiscal injections and facet injections are not a covered benefit.

Action

The committee checked for availability of Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no NCD for spinal injections.

The committee discussed and reviewed treatment criteria from clinical guidelines identified for spinal injections from the following organizations:

- American Society for Interventional Pain Management (2013)
- American Society of Anesthesiologists Task Force/American Society of Regional Anesthesia and Pain Management (2010)
- Colorado Division of Workers' Compensation (2012), (2014)
- Institute for Clinical Systems Improvement (2012)
- Toward Optimized Practice (2011)
- U.S. Food and Drug Administration Safe Use Initiative (2015)

The chair noted consistency with existing guidelines with some differences based on evidence analysis and interpretation.

The committee chair directed HTA staff to prepare a findings and decision document on spinal injections reflective of the majority vote for final approval at the next public meeting.

Health Technology Clinical Committee Authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.

Final