

**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>DRY NEEDLING OF MYOFASCIAL TRIGGER POINTS</b>
<b>POLICY NUMBER</b>	<b>MP-4.041</b>

<b>Original Issue Date (Created):</b>	<b>6/1/2017</b>
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**I. POLICY**

Dry needling of trigger points for the treatment of myofascial pain is considered **investigational** as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

*Cross-reference:*

MP-2.072 Trigger Point and Tender Point Injections

**II. PRODUCT VARIATIONS**

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

**III. DESCRIPTION/BACKGROUND**

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**DRY NEEDLING**

Dry needling is proposed to treat dysfunctions in skeletal muscle, fascia, and connective tissue; diminish persistent peripheral pain; and reduce impairments of body structure and function.

Dry needling refers to a procedure in which a fine needle is inserted into the skin and muscle at a site of myofascial pain. The needle may be moved in an up-and-down motion, rotated, and/or left in place for as long as 30 minutes. The intent is to stimulate underlying myofascial trigger points, muscles, and connective tissues to manage myofascial pain. Dry needling may be performed with acupuncture needles or standard hypodermic needles but is performed without the injection of medications (eg, anesthetics, corticosteroids).

**Mechanism of Action**

The physiologic basis for dry needling depends on the targeted tissue and treatment objectives. The most studied targets are trigger points. Trigger points are discrete, focal, hyperirritable spots

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within a taut band of skeletal muscle fibers that produce local and/or referred pain when stimulated. Trigger points are associated with local ischemia and hypoxia, a significantly lowered pH, local and referred pain and altered muscle activation patterns.<sup>1</sup> Trigger points can be visualized by magnetic resonance imaging and elastography. The reliability of manual identification of trigger points has not been established. Deep dry needling is believed to inactivate trigger points by eliciting contraction and subsequent relaxation of the taut band via a spinal cord reflex. This local twitch response is defined as a transient visible or palpable contraction or dimpling of the muscle and has been associated with alleviation of spontaneous electrical activity; reduction of numerous nociceptive, inflammatory, and immune system related chemicals; and relaxation of the taut band.<sup>1</sup> Deep dry needling of trigger points is believed to reduce local and referred pain, improve range of motion, and decrease trigger point irritability.

Superficial dry needling is thought to activate mechanoreceptors and have an indirect effect on pain by inhibiting C-fiber pain impulses. The physiological basis for dry needling treatment of excessive muscle tension, scar tissue, fascia, and connective tissues is not as well described in the literature.<sup>1</sup>

Alternative nonpharmacologic treatment modalities for trigger point pain include manual techniques, massage, acupuncture, ultrasonography, application of heat or ice, diathermy, transcutaneous electrical nerve stimulation, and spray cooling with manual stretch.<sup>2</sup>

**REGULATORY STATUS**

Dry needling is considered a procedure and, as such, is not subject to regulation by FDA.

**IV. RATIONALE**

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**SUMMARY OF EVIDENCE**

For individuals who have myofascial trigger points associated with neck and/or shoulder pain who receive dry needling of trigger points, the evidence includes RCTs and a systematic review. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. As reported in the systematic review of literature published through 2013, only 1 of 8 studies found significantly greater reductions in pain with dry needling compared with other treatments. Two more recent RCTs comparing dry needling with manual therapy did not find significantly better outcomes after dry needling. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have myofascial trigger points associated with plantar heel pain who receive dry needling of trigger points, the evidence includes RCTs, quasi-experimental studies, and a systematic review. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The systematic review, which included 3 quasi-experimental studies, rated study quality as poor. One RCT was double-blinded and sham-controlled; it found a statistically significant greater reduction in pain in the dry needling group than in the sham group, but the difference was not clinically significant (ie, it did not meet the prespecified

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minimally important difference). The other RCT, a single-blind trial comparing dry needling with usual care, found a significantly greater reduction in pain at the end of active treatment, but not at follow-up 1 month later. Moreover, range of motion outcomes did not differ significantly between groups at either time point. To date, the studies have not demonstrated a statistical or a clinical benefit for dry needling. Additional RCTs, especially those with a sham-control group, would strengthen the evidence base. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have myofascial trigger points associated with temporomandibular myofascial pain who receive dry needling of trigger points, the evidence includes an RCT. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. One double-blind, sham-controlled randomized trial was identified; it found that 1 week after completing the intervention, there were no statistically significant differences between groups in pain scores or function (unassisted jaw opening without pain). There was a significantly higher pain pressure threshold in the treatment group. Additional RCTs, especially those with a sham-control group, are needed. The evidence is insufficient to determine the effects of the technology on health outcomes.

**V. DEFINITIONS**

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N/A

**VI. BENEFIT VARIATIONS**

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The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital BlueCross for benefit information.

**VII. DISCLAIMER**

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*Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

**VIII. CODING INFORMATION**

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**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

**Investigational; therefore not covered dry needling of trigger points:**

CPT Codes®							
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**IX. REFERENCES**

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**X. POLICY HISTORY**

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<b>MP-4.041</b>	<b>CAC 1/31/17</b> New policy. BCBSA adopted. Dry needling of trigger points for the treatment of myofascial pain is considered investigational. Coding reviewed.
	<b>12/19/17</b> Consensus review. Policy statement unchanged. Description/Background, Rationale and Reference sections updated.
	<b>9/17/18</b> Consensus review. No change to the policy statement. Background and rationale revised. References reviewed.

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