

<b>POLICY TITLE</b>	<b>LYSIS OF EPIDURAL ADHESIONS</b>
<b>POLICY NUMBER</b>	<b>MP- 6.027</b>

Original Issue Date (Created):	<b>7/1/2002</b>
Most Recent Review Date (Revised):	<b>5/6/2020</b>
<b>Effective Date:</b>	<b>8/1/2020</b>

- |                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| <a href="#">POLICY RATIONALE</a> | <a href="#">PRODUCT VARIATIONS</a> | <a href="#">DESCRIPTION/BACKGROUND</a> |
| <a href="#">DISCLAIMER</a>       | <a href="#">DEFINITIONS</a>        | <a href="#">BENEFIT VARIATIONS</a>     |
| <a href="#">POLICY HISTORY</a>   | <a href="#">CODING INFORMATION</a> | <a href="#">REFERENCES</a>             |

**I. POLICY**

Catheter-based techniques for lysis of epidural adhesions, with or without endoscopic guidance, are considered **investigational** as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Techniques used either alone or in combination include mechanical disruption with a catheter and/or injection of hypertonic solutions with corticosteroids, analgesics, or hyaluronidase.

**II. PRODUCT VARIATIONS**

[TOP](#)

This policy is only applicable to certain programs and products administered by Capital BlueCross and subject to benefit variations as discussed in Section VI. Please see additional information below.

**FEP PPO** - Refer to FEP Medical Policy Manual MP-8.01.18, Lysis of Epidural Adhesions. The FEP Medical Policy Manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

**III. DESCRIPTION/BACKGROUND**

[TOP](#)

**Epidural Fibrosis and Adhesive Arachnoiditis**

Epidural fibrosis with or without adhesive arachnoiditis most commonly occurs as a complication of spinal surgery and may be included under the diagnosis of “failed back surgery syndrome”. Both result from manipulation of the supporting structures of the spine. Epidural fibrosis can occur in isolation, but adhesive arachnoiditis is rarely present without associated epidural fibrosis. Arachnoiditis is most frequently seen in patients who have undergone multiple surgical procedures.

Epidural fibrosis and adhesive arachnoiditis are related to inflammatory reactions that result in the entrapment of nerves within dense scar tissue, increasing the susceptibility of the nerve root

<b>POLICY TITLE</b>	<b>LYSIS OF EPIDURAL ADHESIONS</b>
<b>POLICY NUMBER</b>	<b>MP- 6.027</b>

to compression or tension. The condition most frequently involves the nerves within the lumbar spine and cauda equina. Signs and symptoms indicate the involvement of multiple nerve roots and include low back pain, radicular pain, tenderness, sphincter disturbances, limited trunk mobility, muscular spasm or contracture, and motor sensory and reflex changes. Typically, the pain is characterized as constant and burning. In some cases, the pain and disability are severe, leading to analgesic dependence and chronic invalidism.

**Treatment**

Lysis of epidural adhesions, also called the Racz procedure, has been investigated as a treatment option. The Racz procedure involves the passage of a fluoroscopically guided catheter (the Racz catheter), inserted either endoscopically or percutaneously, and the use of epidural injections of hypertonic saline in conjunction with corticosteroids and analgesics. Theoretically, the use of hypertonic saline results in a mechanical disruption of the adhesions. The saline may also function to reduce edema within previously scarred and/or inflamed nerves. Finally, manipulating the catheter at the time of the injection may disrupt adhesions. Spinal endoscopy has been used to guide the lysis procedure, but the procedure is more commonly performed percutaneously using epidurography to guide catheter placement and identify nonfilling adhesions that indicate epidural scarring. Using endoscopy guidance, a flexible fiberoptic catheter is inserted into the sacral hiatus, providing 3-dimensional visualization to steer the catheter toward the adhesions. With the increased visualization, the catheter is more apt to precisely place the injectate in the epidural space and onto the nerve root. Various protocols for lysis have been described; in some situations, the catheter may remain in place for several days for serial treatment sessions.

Endoscopic epidurolysis is also being investigated for the treatment of degenerative chronic low back pain, including spondylolisthesis, stenosis, and hernia associated with radiculopathy. Along with mechanical adhesiolysis, hyaluronidase, ciprofloxacin, and ozone have been applied.

**Regulatory Status**

Lysis of epidural adhesions is a surgical procedure and, as such, is not subject to regulation by the U.S. Food and Drug Administration.

**IV. RATIONALE**

[TOP](#)

**Summary of Evidence**

For individuals who have epidural adhesions who receive lysis, the evidence includes randomized controlled trials. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. Several randomized controlled trials have reported benefits for epidural lysis of adhesions compared with placebo treatment. Many of these trials were from the same center. The interpretation of these trials is limited by differences in patients, populations, and treatment protocols. The treatment for lysis of adhesions varied in the use of mechanical disruption, the type of lytic medications used, and the number of injections given. There was also a large effect in the placebo group, raising questions whether some

<b>POLICY TITLE</b>	<b>LYSIS OF EPIDURAL ADHESIONS</b>
<b>POLICY NUMBER</b>	<b>MP- 6.027</b>

component of the placebo treatment may be therapeutic. Larger trials with standardized treatment protocols would help determine whether specific treatment protocols have beneficial effects in specific patient populations. The evidence is insufficient to determine the effects of the technology on health outcomes.

**V. DEFINITIONS**

[TOP](#)

**ADHESION** is a band of scar tissue that binds anatomic surfaces that normally are separate from each other.

**ARACHNOIDITIS** is the inflammation of the arachnoid membrane that covers the brain and spinal cord, also called arachnitis.

**ARACHNOID MEMBRANE** is a thin, delicate membrane enclosing the brain and the spinal cord interposed between the pia mater and the dura mater.

**EPIDURAL** is the space outside or above the dura mater of the brain and spinal cord.

**FIBROSIS** is a proliferation of fibrous connective tissue. The process occurs normally in the formation of scar tissue to replace tissue lost through injury or infection.

**VI. BENEFIT VARIATIONS**

[TOP](#)

The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

**VII. DISCLAIMER**

[TOP](#)

*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*

<b>POLICY TITLE</b>	<b>LYSIS OF EPIDURAL ADHESIONS</b>
<b>POLICY NUMBER</b>	<b>MP- 6.027</b>

*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**

[TOP](#)

**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:**

<b>CPT Codes ®</b>							
62263	62264						

Current Procedural Terminology (CPT) copyrighted by American Medical Association. All Rights Reserved.

**IX. REFERENCES**

1. Helm S, Hayek SM, Colson J, et al. Spinal endoscopic adhesiolysis in post lumbar surgery syndrome: an update of assessment of the evidence. *Pain Physician*. Apr 2013;16(2 Suppl):SE125-150. PMID 23615889
2. Hayek SM, Helm S, Benyamin RM, et al. Effectiveness of spinal endoscopic adhesiolysis in post lumbar surgery syndrome: a systematic review. *Pain Physician*. Mar-Apr 2009;12(2):419-435. PMID 19305488
3. Epter RS, Helm S, 2nd, Hayek SM, et al. Systematic review of percutaneous adhesiolysis and management of chronic low back pain in post lumbar surgery syndrome. *Pain Physician*. Mar-Apr 2009;12(2):361-378. PMID 19305485
4. Racz GB, Heavner JE, Trescot A. Percutaneous lysis of epidural adhesions--evidence for safety and efficacy. *Pain Pract*. Jul-Aug 2008;8(4):277-286. PMID 18503627
5. Chopra P, Smith HS, Deer TR, et al. Role of adhesiolysis in the management of chronic spinal pain: a systematic review of effectiveness and complications. *Pain Physician*. Jan 2005;8(1):87-100. PMID 16850047
6. Trescot AM, Chopra P, Abdi S, et al. Systematic review of effectiveness and complications of adhesiolysis in the management of chronic spinal pain: an update. *Pain Physician*. Jan 2007;10(1):129-146. PMID 17256027
7. Helm Ii S, Benyamin RM, Chopra P, et al. Percutaneous adhesiolysis in the management of chronic low back pain in post lumbar surgery syndrome and spinal stenosis: a systematic review. *Pain Physician*. Jul-Aug 2012;15(4):E435-462. PMID 22828693
8. Gerdesmeyer L, Wagenpfeil S, Birkenmaier C, et al. Percutaneous epidural lysis of adhesions in chronic lumbar radicular pain: a randomized, double-blind, placebo-controlled trial. *Pain Physician*. May-Jun 2013;16(3):185-196. PMID 23703406

<b>POLICY TITLE</b>	<b>LYSIS OF EPIDURAL ADHESIONS</b>
<b>POLICY NUMBER</b>	<b>MP- 6.027</b>

9. Manchikanti L, Cash KA, McManus CD, et al. The preliminary results of a comparative effectiveness evaluation of adhesiolysis and caudal epidural injections in managing chronic low back pain secondary to spinal stenosis: a randomized, equivalence controlled trial. *Pain Physician*. Nov-Dec 2009;12(6):E341-354. PMID 19935991
10. Manchikanti L, Singh V, Cash KA, et al. A comparative effectiveness evaluation of percutaneous adhesiolysis and epidural steroid injections in managing lumbar post surgery syndrome: a randomized, equivalence controlled trial. *Pain Physician*. Nov-Dec 2009;12(6):E355-368. PMID 19935992
11. Manchikanti L, Singh V, Cash KA, et al. Assessment of effectiveness of percutaneous adhesiolysis and caudal epidural injections in managing post lumbar surgery syndrome: 2-year follow-up of a randomized, controlled trial. *J Pain Res*. Jan 2012;5:597-608. PMID 23293536
12. Manchikanti L, Rivera JJ, Pampati V, et al. One day lumbar epidural adhesiolysis and hypertonic saline neurolysis in treatment of chronic low back pain: a randomized, double-blind trial. *Pain Physician*. Apr 2004;7(2):177-186. PMID 16868590
13. Manchikanti L, Pampati V, Fellows B, et al. Role of one day epidural adhesiolysis in management of chronic low back pain: a randomized clinical trial. *Pain Physician*. Apr 2001;4(2):153-166. PMID 16902688
14. Wagner KJ, Sprenger T, Pecho C, et al. [Risks and complications of epidural neurolysis -- a review with case report] [German]. *Anesthesiol Intensivmed Notfallmed Schmerzther*. Apr 2006;41(4):213-222. PMID 16636945
15. Manchikanti L, Malla Y, Wargo BW, et al. A prospective evaluation of complications of 10,000 fluoroscopically directed epidural injections. *Pain Physician*. Mar-Apr 2012;15(2):131-140. PMID 22430650
16. Manchikanti L, Rivera JJ, Pampati V, et al. Spinal endoscopic adhesiolysis in the management of chronic low back pain: a preliminary report of a randomized, double-blind trial. *Pain Physician*. Jul 2003;6(3):259-267. PMID 16880869
17. Donato AD, Fontana C, Pinto R, et al. The effectiveness of endoscopic epidurolysis in treatment of degenerative chronic low back pain: a prospective analysis and follow-up at 48 months. *Acta Neurochir Suppl*. Nov 2011;108:67-73. PMID 21107940
18. Manchikanti L, Pampati V, Bakhit CE, et al. Non-endoscopic and endoscopic adhesiolysis in post-lumbar laminectomy syndrome: a one-year outcome study and cost effectiveness analysis. *Pain Physician*. Oct 1999;2(3):52-58. PMID 16906216
19. Manchikanti L, Pakanati RR, Pampati V. The value and safety of epidural endoscopic adhesiolysis. *Am J Anesthesiol*. 2000;27(5):275-279.
20. Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. *Pain Physician*. Apr 2013;16(2 Suppl):S49-283. PMID 23615883
21. Chou R, Loeser JD, Owens DK, et al. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society. *Spine (Phila Pa 1976)*. May 1 2009;34(10):1066-1077. PMID 19363457

<b>POLICY TITLE</b>	<b>LYSIS OF EPIDURAL ADHESIONS</b>
<b>POLICY NUMBER</b>	<b>MP- 6.027</b>

22. *Blue Cross Blue Shield Association Medical Policy Reference Manual. 8.01.18, Lysis of Epidural Adhesions. November 14, 2019.*

**X. POLICY HISTORY**

[TOP](#)

<b>MP 6.027</b>	<b>CAC 3/25/03</b>
	<b>CAC 3/29/05</b>
	<b>CAC 3/28/06</b>
	<b>CAC 4/24/07</b>
	<b>CAC 5/25/10</b> Adopted BCBSA Criteria
	<b>CAC 7/26/11</b> Consensus review.
	<b>CAC 8/28/12</b> Consensus review. No change to policy statements. References updated. Added FEP variation to reference FEP Medical Policy Manual MP-8.01.18 Lysis of Epidural Adhesions. Codes reviewed 8/20/12
	<b>CAC 07/30/13</b> Consensus review. Admin code review completed.
	<b>CAC 3/25/14</b> Consensus review. References updated. No change to the policy statements. Rationale added. No coding changes.
	<b>CAC 3/24/15</b> Consensus review. No changes to the policy statements. Background information updated. References and rationale updated. Codes reviewed.
	<b>CAC 3/29/16</b> Consensus review. No change to policy statement. References and rationale updated. Coding updated.
	<b>Admin Update 11/15/16</b> Variation Reformatting
	<b>CAC 1/31/17</b> Consensus review. No change to policy statements.
	<b>11/21/17</b> Consensus review. No change to the policy statement. Background and rationale updated. No new references. Coding Reviewed.
	<b>8/3/18</b> Consensus review. No change to the policy statement. Rationale revised. References reviewed.
	<b>05/22/19</b> Consensus review. References updated.
<b>5/6/2020</b> Consensus review. Background, Rationale, Coding and References reviewed. No change to policy statement.	

[TOP](#)

*Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.*