

## Medical Affairs Policy & Procedure

**Title/Service:** Trigger Point Injections

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| <b>Revised</b>                   |  |
| <b>Reviewed</b>                  | 02/11/03, 03/28/03, 10/22/04, 06/02/06, 11/16/07, 11/21/08, 12/28/09, 10/22/10, 11/18/11 |
| <b>Developed</b>                 |  |
| <b>Policy Committee Approval</b> | 11/18/11   |

### **Description:**

A trigger point is a focal area of tenderness that may occur in any skeletal muscle of the body. These trigger points produce referred pain when compressed.

### **Indications of Coverage:**

Trigger point injections are considered medically necessary when all of the following criteria are met:

Chronic (lasting more than three months) regional (for example, back, shoulder, groin) myofascial pain

Failure of a one month trial of conservative therapy including anti-inflammatory medication which was used on a regular basis (or other analgesic medication if the anti-inflammatory medication is contraindicated) and physical therapy, ultrasound or exercise

Palpable trigger point (for example, a knot or tight band of muscle) with exquisite (severe) spot tenderness

Restricted range of motion of the muscle(s) in the involved region or a significant limitation in activities of daily living (ADLs) due to the trigger point

A painful response or change in sensation when the trigger point is compressed or a local response (muscle twitch), when the trigger point is palpated or a needle is inserted.

Initially, three visits for trigger point injections (for the same trigger point) may be allowed at a frequency of no more than once every two weeks. After the initial three visits for trigger point injections, up to four additional visits for trigger point injections may be allowed at a frequency of once every six weeks providing that at least a 50% reduction in symptoms lasting at least six weeks is documented in the medical record. More than seven visits for trigger point injections in one year is considered not medically necessary.

One injection every six weeks may be allowed for the treatment of cervicogenic headaches after the failure of more conservative treatment (as listed above) providing that at least a 50% reduction in symptoms lasting at least six weeks is documented in the medical record.

To diagnose fibromyalgia, three injections can be allowed, unless the diagnosis is made sooner (after the first or second injection). Once a diagnosis of fibromyalgia has been made, additional injections are considered experimental/investigational.

For each visit for trigger point injections, only one trigger point injection code will be allowed. When an area is injected, it is considered one treatment, regardless of the number of injections that are performed.

### **Limitations of Coverage:**

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Trigger Point Injections are considered experimental/investigational for acute pain.

Only a local anesthetic, with or without steroid, may be used for the injection. The use of other substances is considered experimental/investigational.

Injections for the treatment of fibromyalgia are experimental or investigational.

Injections for prolotherapy are considered experimental/investigational. See Prolotherapy Medical Policy.

Dry needling is considered acupuncture and is experimental or investigational.

### **Documentation Required:**

- Office notes

### **Rationale:**

A trigger point is an area of focal tenderness located in skeletal muscle. Trigger point injections involves the placement of medications in the trigger point. There are no controlled clinical trials evaluating the effectiveness of trigger point injections, but they have gained widespread acceptance. Because of their presence in muscle, trigger points are effectively treated with anti-inflammatory medications and stretching, exercise, or

therapy. Only the trigger points that do not respond to conservative treatment require injection therapy. Most trigger points are effectively treated with less than three injections. Fibromyalgia differs from trigger point symptoms in that fibromyalgia symptoms are more widespread and compressing a point of tenderness in an individual with fibromyalgia does not usually result in referred pain. Oral medications and therapy are the only effective treatment for fibromyalgia. Studies have not shown that injections into the muscle for individuals with fibromyalgia are effective.

**References:**

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3. Manchikanti L, Boswell MV, Singh V, Benyamin RM, Fellows B, Abdi S, Buenaventura RM, Conn A, Datta S, Derby R, Falco FJE, Erhart S, Diwan S, Hayek SM, Helm II J, Parr AT, Schultz DM, Smith HS, Wolfer LR, and Hirsch JA. Comprehensive Evidence-Based Guidelines for Interventional Techniques in the Management of Chronic Spinal Pain. *Pain Physician* 2009; 12: 699-802. Available at: [www.asipp.org/documents/ComprehensiveEvidence-BasedGuidelinesforInterventionalTechniquesintheManagementofChronicSpin.pdf](http://www.asipp.org/documents/ComprehensiveEvidence-BasedGuidelinesforInterventionalTechniquesintheManagementofChronicSpin.pdf). Accessed: 7 Oct 10.
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5. Standards of care for headache diagnosis and treatment. Chicago (IL): National Headache Foundation; 2004. p. 115-22.

*Approved by the Medical Director*