FEP Medical Policy Manual

FEP 8.01.18 Lysis of Epidural Adhesions

Effective Policy Date: **April 1, 2020**

Original Policy Date: **December 2011**

Related Policies:

None

Lysis of Epidural Adhesions

Description

Lysis of epidural adhesions involves passing a catheter, either endoscopically or percutaneously, under fluoroscopic guidance into the epidural space to break up adhesions and reduce pain and inflammation.

OBJECTIVE

The objective of this evidence review is to determine whether the use of epidural injections for lysis of adhesions-either by using hypertonic saline alone or by using hypertonic saline in combination with corticosteroids, analgesics, or mechanical disruption-improves the net health outcome.

POLICY STATEMENT

Catheter-based techniques for lysis of epidural adhesions, with or without endoscopic guidance, are considered **investigational**. Techniques used either alone or in combination include mechanical disruption with a catheter and/or injection of hypertonic solutions with corticosteroids, analgesics, or hyaluronidase.

POLICY GUIDELINES

None

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

Lysis of epidural adhesions using hypertonic saline may be offered as a component of a multimodality pain management program.

FDA 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.

RATIONALE

Summary of Evidence

For individuals who have epidural adhesions who receive lysis, the evidence includes randomized controlled trials (RCTs). The relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. Several RCTs have reported benefits for epidural lysis of adhesions compared with placebo treatment. Many of these trials were conducted at 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 components 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.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

American Society of Interventional Pain Physicians

The American Society of Interventional Pain Physicians (2013) updated its practice guidelines on the management of chronic spinal pain.[20,] The guidelines stated that "for lumbar percutaneous adhesiolysis, the evidence is fair in managing chronic low back and lower extremity pain secondary to postsurgery syndrome and spinal stenosis." Percutaneous adhesiolysis was recommended, "after failure of conservative management of physical therapy, chiropractic, drug therapy, structured exercise program, and fluoroscopically directed epidural injections." The guidelines also indicated that spinal epidural endoscopic adhesiolysis was not discussed because there is limited evidence; moreover, the procedure is rarely used. The studies cited in the guidelines were evaluated for this evidence review.

American Pain Society

The American Pain Society"s (2009) clinical practice guidelines on interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain did not discuss or draw conclusions on adhesiolysis.[21,]The guidelines stated that "for other interventions or specific clinical circumstances, the panel found insufficient evidence from randomized controlled trials to reliably judge benefits or harms."

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

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POLICY HISTORY - THIS POLICY WAS APPROVED BY THE FEP® PHARMACY AND MEDICAL POLICY COMMITTEE ACCORDING TO THE HISTORY BELOW:

Date	Action	Description
December 2011	New policy	
June 2012	Replace policy	Policy statement changed to read not medically necessary. Reference number 17 added. Remaining references renumbered.
March 2013	Replace policy	Policy updated with literature review; references 3 and 11 added, others reordered, policy statement unchanged.
March 2014	Replace policy	Policy updated with literature review, references 7, 8, 11, and 23 were added. The policy statement is unchanged.
March 2015	Replace policy	Policy updated with literature review through November 17, 2014. No references were added, policy statement was unchanged.
June 2016	Replace policy	Policy updated with literature review through November 11, 2015; no references added. Policy statement unchanged.
March 2018	Replace policy	Policy updated with literature review through September 14, 2017; no references were added. Policy statement unchanged except not medically necessary" corrected to "investigational"
March 2019	Replace policy	Policy updated with literature review through September 4, 2018; no references added. Policy statement unchanged.
March 2020	Replace policy	Policy updated with literature review through September 9, 2019; no references added. Policy statement unchanged