

Clinical Policy: Trigger Point Injections for Pain Management

Reference Number: LA.CP.MP.169

Date of Last Revision: ~~9/2022~~09/23

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Trigger points cause pain at their physical location as well as referred pain to other areas in a specific pattern. Trigger point injections consist of an injection of a local anesthetic, with or without steroid medication, into a painful portion of the muscle containing the trigger point.

Policy/Criteria

I. It is the policy of Louisiana Healthcare Connections that invasive pain management procedures performed by a physician are **medically necessary** when *the relevant criteria are met and the patient receives only one procedure per visit, with or without radiographic guidance*.

~~I.A.~~ Trigger point injections are **medically necessary** for the following indications:

~~A.1.~~ Diagnosis/stabilization of trigger points with injections of corticosteroids and/or local anesthetics at the trigger point, all of the following:

~~1.a.~~ The member/enrollee has local pain symptoms in the neck, shoulder and/or back that have persisted for more than ~~3~~**three** months causing tenderness and/or weakness, restricting motion and/or causing referred pain when compressed;

~~2.b.~~ The member/enrollee has failed ≥ 3 weeks of conventional multidisciplinary medical therapy including all of the following:

~~a.i.~~ Chiropractic, physical therapy, or prescribed home exercise program or the member/enrollee is unable to tolerate such therapy and the injection is intended as a bridge to therapy;

~~b.ii.~~ NSAID, unless contraindicated or not tolerated;

~~c.iii.~~ Activity modification;

~~3.B.~~ Trigger points have been identified by palpation;

~~4.C.~~ Trigger points are located in a few discrete areas and are not associated with widespread areas of muscle tenderness (as with fibromyalgia);

~~5.D.~~ Injections are not used as sole method of treatment, rather are intended for pain relief to facilitate mobilization to allow non-invasive modalities, e.g., physical therapy and other alternate therapies that address muscle strengthening, flexibility, and functional restoration.

Up to ~~2~~**two** sets of injections at least ~~7~~**seven** days apart may be given for diagnosis and stabilization for the same trigger point. When a given body region is injected, it will be considered as one injection service no matter how many injections are given.

~~B.II.~~ *Additional* It is the policy of Louisiana Healthcare Connections that *additional* trigger point injections (up to ~~4~~**four**) are **medically necessary** when all of the following criteria are met:

~~1.A.~~ Prior injections resulted in $\geq 50\%$ pain relief with functional improvement for ≥ 6 weeks;

- ~~2.B.~~ There was a return of pain and/or deterioration following ≥ 6 weeks of improvement;
- ~~3.C.~~ Injections are given in the neck, shoulder, and/or back;
- ~~4.D.~~ Injections are given at least ~~2two~~ months apart for up to 12 months from the initial injection (maximum of ~~6six~~ total sessions);
- ~~5.E.~~ Injections are not used as sole method of treatment, but rather are intended for pain relief to facilitate mobilization to allow for non-invasive modalities, e.g., physical therapy and other alternate therapies that address muscle strengthening, flexibility, and functional restoration.

When a given body region is injected, it will be considered as one injection service no matter how many injections are given.

~~H.III.~~ It is the policy of Louisiana Healthcare Connections that current evidence does not support the use of trigger point therapies for the following indications, because although there are ongoing studies, there is little scientifically based data suggesting their use results in improved patient outcomes in the medical literature:

- A. Dry needle stimulation of trigger points;
- B. Trigger point injection with saline or glucose;
- C. The use of Botox during trigger point injections.

Background

A trigger point is a discrete, hyperirritative focus found in a palpable taut band occurring in any skeletal muscle and/or muscle fascia on the body that is particularly sensitive to touch and, when compressed, gives rise to characteristic referral pain patterns, tenderness, and autonomic phenomena. Trigger points are thought to result from repetitive strain produced by acute or chronic overload or a degenerative and/or inflammatory problem, such as arthritis.¹²

Trigger point injections of local anesthetic and/or steroids are a common intervention for back and neck pain, although evidence is mixed. A Cochrane review of injections for subacute and chronic back pain found no clear advantage of local or trigger point injections with a local anesthetic, with or without a corticosteroid, and control interventions for short-term pain relief across ~~3 trials.~~⁺
~~three trials.~~^{1,2,3,11,14} The North American Spine Society (NASS) concluded there is insufficient evidence to make a recommendation for or against the use of trigger point injections in the treatment of low back pain and that the type of injectate does not influence outcomes.¹⁵ Another systematic review found that intramuscular injection of lidocaine more effectively relieved neck pain in the short term than placebo.⁴

A systematic review of trigger point injections with botulinum toxin concluded that a statistically or clinically significant benefit could not be confirmed from the use of botulinum toxin-A used alone for chronic neck pain in the short term.⁶ Secondary outcomes such as pain, disability, and quality of life were also investigated without confirmed benefit of botulinum injections.⁶ Furthermore, there was moderate evidence from five high quality trials that botulinum toxin-A had similar effects to saline in improving pain in patients with chronic neck disorders.⁴

There is preliminary evidence that dry needling of trigger points is effective for short-term pain relief, and to improve quality of life and range of motion when compared to a placebo, but further studies of high quality and with a standardized needling procedure are needed.^{7,11}

Coding Implications

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NOTE: Coverage is subject to each requested code's inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

CPT codes that support coverage criteria

CPT® Codes	Description
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles

CPT codes that do not support coverage criteria

CPT® Codes	Description
20560*	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561*	Needle insertion(s) without injection(s); 3 or more muscles

~~ICD-10-CM Diagnosis Codes that Support Coverage Criteria~~

~~+ Indicates a code requiring an additional character~~

ICD-10-CM Code	Description
M25.511 through M25.519	Pain in shoulder
M54.5	Low back pain
M54.9	Dorsalgia, unspecified
M79.12	Myalgia of auxiliary muscles, head and neck
M79.18	Myalgia, other site

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Converted corporate to local policy.	08/15/2020	

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review. Referenced reviewed and updated. Updated criteria II. to replace “not medically necessary” with “current evidence does not support.” Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.” Replaced member with member/enrollee. Reviewed by specialist.	1/2022	
Annual review. References reviewed, updated, and reformatted. Updated criteria in I.B. from 2 additional injections to 4. In I.B.1 added pain relief with functional improvement, in I.B.2. added “≥” 6 weeks, and in I.B.4 added “from initial injection” and changed maximum of 4 total sessions to 6. Specialist review.	909 /22	
<u>Annual review completed. Minor rewording with no clinical significance. Background updated. ICD-10 Diagnosis code table removed. References reviewed and updated. Note for non-covered codes added.</u>	<u>09/23</u>	

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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