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.

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. 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
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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 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.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

American Society of Interventional Pain Physicians

The American Society of Interventional Pain Physicians updated its practice guidelines on the management of chronic spinal pain in 2013. The guidelines stated that “for lumbar percutaneous adhesiolysis, the evidence is fair in managing chronic low back and lower extremity pain secondary to post surgery 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. 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 (NCD). In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.

REFERENCES


The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.
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POLICY HISTORY

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<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>June 2012</td>
<td>Update Policy</td>
<td>Policy updated with literature review; references 3 and 11 added, others reordered, policy statement unchanged.</td>
</tr>
<tr>
<td>March 2013</td>
<td>Update Policy</td>
<td>Policy updated with literature review, references 7, 8, 11, and 23 were added. The policy statement is unchanged.</td>
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<tr>
<td>March 2014</td>
<td>Update Policy</td>
<td>Policy updated with literature review through November 17, 2014. No references were added, policy statement was unchanged.</td>
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<tr>
<td>March 2015</td>
<td>Update Policy</td>
<td>Policy updated with literature review through November 11, 2015; no references added. Policy statement unchanged.</td>
</tr>
<tr>
<td>June 2016</td>
<td>Update Policy</td>
<td>Policy updated with literature review through September 14, 2017; no references were added. Policy statement unchanged except not medically necessary” corrected to “investigational”.</td>
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<tr>
<td>March 2018</td>
<td>Update Policy</td>
<td>Policy updated with literature review through September 4, 2018; no references added. Policy statement unchanged.</td>
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