

# Clinical Policy: Trigger Point Injections for Pain Management

Reference Number: LA.CP.MP.169

Date of Last Revision: 9/2022

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

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. Trigger point injections are **medically necessary** for the following indications:
  - A. *Diagnosis/stabilization* of trigger points with injections of corticosteroids and/or local anesthetics at the trigger point, all of the following:
    1. The member/enrollee has local pain symptoms in the neck, shoulder and/or back that have persisted for more than 3 months causing tenderness and/or weakness, restricting motion and/or causing referred pain when compressed;
    2. The member/enrollee has failed  $\geq 3$  weeks of conventional multidisciplinary medical therapy including all of the following:
      - a. 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. NSAID unless contraindicated or not tolerated;
      - c. Activity modification;
    3. Trigger points have been identified by palpation;
    4. Trigger points are located in a *few* discrete areas and are not associated with widespread areas of muscle tenderness (as with fibromyalgia);
    5. 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 sets of injections* at least 7 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. *Additional trigger point injections (up to 4)*, all of the following:
  1. Prior injections resulted in  $\geq 50\%$  pain relief with functional improvement for  $\geq 6$  weeks;
  2. There was a return of pain and/or deterioration following 6 weeks of improvement;
  3. Injections are given in the neck, shoulder, and/or back;

4. Injections are given at least 2 months apart for up to 12 months from the initial injection (maximum of 6 total sessions);
5. 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.

- II.** 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, hyperirritable 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.

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.<sup>1-3</sup> Another systematic review found that intramuscular injection of lidocaine more effectively relieved neck pain in the short term than placebo.<sup>4</sup>

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.<sup>6</sup> Secondary outcomes such as pain, disability, and quality of life were also investigated without confirmed benefit of botulinum injections.<sup>6</sup>

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.<sup>7</sup>

### **Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are

from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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	
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.	9/22	

## References

1. Staal JB, de Bie R, de Vet HC, Hildebrandt J, Nelemans P. Injection therapy for subacute and chronic low-back pain. *Cochrane Database Syst Rev*. 2008;2008(3):CD001824. Published 2008 Jul 16. doi:10.1002/14651858.CD001824.pub3
2. Chou R. Subacute and chronic low back pain: Nonsurgical interventional treatment. UpToDate. [www.uptodate.com](http://www.uptodate.com). Updated June 10, 2021. Accessed July 18, 2022.
3. Scott NA, Guo B, Barton PM, Gerwin RD. Trigger point injections for chronic non-malignant musculoskeletal pain: a systematic review. *Pain Med*. 2009;10(1):54-69. doi: 10.1111/j.1526-4637.2008.00526.x
4. Peloso P, Gross A, Haines T, et al. Medicinal and injection therapies for mechanical neck disorders. *Cochrane Database Syst Rev*. 2005;(2):CD000319. Published 2005 Apr 18. doi:10.1002/14651858.CD000319.pub3
5. Cummings TM, White AR. Needling therapies in the management of myofascial trigger point pain: a systematic review. *Arch Phys Med Rehabil*. 2001;82(7):986 to 992. doi: 10.1053/apmr.2001.24023
6. Langevin P, Lowcock J, Weber J, et al. Botulinum toxin intramuscular injections for neck pain: a systematic review and metaanalysis. *J Rheumatol*. 2011;38(2):203 to 214. doi: 10.3899/jrheum.100739
7. Espejo-Antúnez L, Tejeda JF, Albornoz-Cabello M, et al. Dry needling in the management of myofascial trigger points: A systematic review of randomized controlled trials. *Complement Ther Med*. 2017;33:46 to 57. doi: 10.1016/j.ctim.2017.06.003
8. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society [published correction appears in *Ann Intern Med*. 2008 Feb 5;148(3):247 to 248]. *Ann Intern Med*. 2007;147(7):478 to 491. doi:10.7326/0003-4819-147-7-200710020-00006
9. Gerwin R. Botulinum toxin treatment of myofascial pain: a critical review of the literature. *Curr Pain Headache Rep*. 2012;16(5):413 to 422. doi: 10.1007/s11916-012-0287-6
10. Han SC, Harrison P. Myofascial pain syndrome and trigger-point management. *Reg Anesth*. 1997;22(1):89 to 101. doi: 10.1016/s1098-7339(06)80062-3
11. Isaac Z. Management of non-radicular neck pain in adults. UpToDate. [www.uptodate.com](http://www.uptodate.com). Updated August 7, 2020. Accessed July 18, 2022..
12. Local coverage determination: trigger point injections (L36859). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published May 26, 2017 (revised December 1, 2019). Accessed July 18, 2022.
13. Local coverage article: billing and coding: pain management (A52863). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 10, 2015 (revised February 10, 2022). Accessed July 18, 2022.

## 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.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

This clinical policy is the property of LHCC. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

©2020 Louisiana Healthcare Connections. All rights reserved. All materials are exclusively owned by Louisiana Healthcare Connections and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Louisiana Healthcare Connections. You may not alter or remove any trademark, copyright or other notice contained herein. Louisiana Healthcare Connections is a registered trademark exclusively owned by Louisiana Healthcare Connections.

