



## MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
01/27/2015	01/27/2017	02/11/2016
Policy Name		Policy Number
Facet Medial Branch Nerve Blocks		MM-008
Policy Type		
<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Administrative	<input type="checkbox"/> Payment

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### A. SUBJECT

Facet Medial Branch Nerve Blocks

### B. BACKGROUND

Facet medial branch nerve blocks are one of the methods to diagnose and treat posterior biomechanical pain of the back which typically does not have a strong radicular component. Evidence supports the use of a Facet Medial Branch Nerve Block as a diagnostic tool to identify the cause of pain and as an option for providing short term pain relief with the use of certain medications.

Interventional procedures for management of pain should be part of a comprehensive pain management care plan that incorporates an initial trial of conservative treatment utilizing appropriate medications, physical therapy modalities and behavioral support as needed. Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by physicians qualified to deliver these health services. [1-3]

In the diagnostic phase, a patient receives injection of short-acting local anesthetic agent to identify the pain generator. [3, 4] For those whose pain recurs and persists to a moderate-severe degree after positive diagnostic facet injection, interventional options may include a facet neurotomy which ablates the nerve, or facet medial branch nerve block injection(s), once the diagnostic phase is completed.[3, 5]

### C. DEFINITIONS

A presumptive diagnosis of facet joint pain is made clinically. This may be confirmed by relief of pain through injection of local anesthetic to the medial branches of the posterior rami of the dorsal spinal nerves supplying the proposed facet joint(s).



## D. POLICY

### Criteria

CareSource will consider a Diagnostic Facet Medial Branch Nerve Block Injection medically necessary for evaluation of sub-acute non-radiating pain that is unresponsive to a well-managed course of conservative therapy when the following criteria exist:

- A thorough history and physical exam documenting cause of the pain if known, duration of symptoms, severity, exacerbating factors, abnormal physical and diagnostic findings and prior conservative treatment measures.
- Documentation of associated medical and psychological disorders
- Diagnostic studies including x-rays and MRIs where appropriate that have confirmed the diagnosis of facet arthropathy or degenerative disease of the spine.

The evidence for cervical spine facet medial branch nerve block injections is fair.[6, 7] Available literature for thoracic spine facet medial branch nerve block injections shows Level II scientific evidence (criteria as described by the Agency for Healthcare Research and Quality [AHRQ] and the US Preventative Services Task Force [USPSTF] [8, 9]) for diagnostic accuracy in 3 studies with a total of less than 200 subjects. For additional injections, three reports exist with 76% to 90% achieving relief at 12 months, but without placebo controls.[10-12] Evidence is Level I or II-1 for diagnostic lumbar facet medial branch nerve block injections and [13, 14] and good for lumbar facet medial branch nerve block injections in 11 randomized trials.[15, 16]

Prior to interventions, imaging studies rule out other causes of spinal pain (examples include herniated disc, spinal stenosis, fracture or tumor). These imaging studies are completed within the 12 months prior to the date of the request for interventions. The treating physician should also verify that the patient has no blood clotting defect, is not on blood thinner medication, and does not have any infection.

Facet medial branch nerve blocks may be performed at the targeted joint itself, one joint above and one joint below on the same side, or bilaterally per treatment session. Each encounter session for facet medial branch nerve block injections may consist of up to 6 injections per session, within a 12 month period, regardless of level(s), permitting a total of 12 CPT codes within a rolling 12 months.

Facet medial branch nerve block injections should be performed with imaging guidance. Image guidance and any injection of contrast are inclusive components of 64490-64495. Monitored anesthesia care is not necessary for pain management injections and is not covered for payment when performed during these services. If chosen to be performed, anesthesiology providers and facilities must be on the CareSource provider panel. Selected patients requiring sedation may benefit from brief conscious sedation but this is not covered if a second provider is required to deliver conscious sedation.

### Inconclusive or Non-Supportive Evidence

Facet medial branch nerve block injections are unproven for the treatment of chronic spinal pain and routine, periodic injections will not be authorized for management of chronic pain.

Intra-articular facet joint injection for neck and back pain has limited evidence and the efficacy not established.[4, 17] Intra-articular facet joint injection is a third option for managing axial back pain, however due to poor evidence for efficacy facet joint injections are therefore not covered.[4, 17]



### **Clinical Indications for Procedure**

- A. Diagnostic Facet Medial Branch Nerve Block Injections are indicated when **ALL of the following** criteria are met:
1. Spine pain is non-radiating and located in the cervical, thoracic, or lumbar spine.
  2. The patient has received conservative treatment lasting for 3 months or longer within the past 6 months, including **2 or more of the following**:
    - 2.1 Physical therapy sessions
    - 2.2 Chiropractor visits
    - 2.3 Exercise program
    - 2.4 Medications for pain
  3. Relevant imaging studies of the painful spinal region were completed within the 12 months prior to the date of this request.

### **CONDITIONS OF COVERAGE**

<b>HCPCS</b>	None
<b>CPT</b>	64490, 64491, 64492, 64493, 64494, 64495, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T

### **AUTHORIZATION PERIOD**

### **E. RELATED POLICIES/RULES**

### **F. REVIEW/REVISION HISTORY**

Date Issued:	01/27/2015
Date Reviewed:	01/27/2015, 07/28/2015, 02/11/2016
Date Revised:	07/28/2015 – Criteria changes

### **G. REFERENCES**

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2. Manchikanti, L., et al., *An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part I: introduction and general considerations*. Pain Physician, 2013. 16(2 Suppl): p. S1-48.
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4. Falco, F.J., et al., *An updated review of the diagnostic utility of cervical facet joint injections*. Pain Physician, 2012. 15(6): p. E807-38.
5. Manchikanti, L., et al., *Comprehensive review of neurophysiologic basis and diagnostic interventions in managing chronic spinal pain*. Pain physician, 2009. 12(4): p. E71-120.
6. Falco, F.J., et al., *Systematic review of the therapeutic effectiveness of cervical facet joint interventions: an update*. Pain Physician, 2012. 15(6): p. E839-68.
7. Manchikanti, L., et al., *Comparative outcomes of a 2-year follow-up of cervical medial branch blocks in management of chronic neck pain: a randomized, double-blind controlled trial*. Pain Physician, 2010. 13(5): p. 437-50.
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13. Manchikanti, L., et al., *A critical review of the American Pain Society clinical practice guidelines for interventional techniques: part 2. Therapeutic interventions*. Pain physician, 2010. 13(4): p. E215-64.
14. Falco, F.J., et al., *An update of the systematic assessment of the diagnostic accuracy of lumbar facet joint nerve blocks*. Pain Physician, 2012. 15(6): p. E869-907.
15. Manchikanti, L., et al., *Evaluation of lumbar facet joint nerve blocks in managing chronic low back pain: a randomized, double-blind, controlled trial with a 2-year follow-up*. Int J Med Sci, 2010. 7(3): p. 124-35.
16. Falco, F.J., et al., *An update of the effectiveness of therapeutic lumbar facet joint interventions*. Pain Physician, 2012. 15(6): p. E909-53.
17. Datta, S., et al., *Systematic assessment of diagnostic accuracy and therapeutic utility of lumbar facet joint interventions*. Pain Physician, 2009. 12(2): p. 437-60.

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

**The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.**