MEDICAL POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Facet Joint Interventions-MP-MM-1326	IN, GA, WV, KY: 10/01/2022-09/30/2023 OH: 11/01/2022-09/30/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):				
☒ **Georgia**	☒ **Indiana**	☒ **Kentucky**	☒ **Ohio**	☒ **West Virginia**

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A. Subject

Facet Joint Interventions

B. Background

An estimated 84% of adults experience back pain during their lifetime. Long-term outcomes are largely favorable for most patients, but a small percentage of patients' symptoms are persistent. Persistent pain is categorized as subacute when it lasts between four and twelve weeks and chronic when it persists for at least three months. Among patients with chronic low back pain (LBP), facet joint pain has a prevalence of 27-40%.

Comprehensive pain management care plans are most effective in managing a patient's chronic pain. These plans focus on a person-centered approach and incorporate conservative treatment with other modalities. These multidisciplinary treatments include promoting patient self-management and aim to reduce the impact of pain on a patient's daily life, even if the pain cannot be relieved completely. In addition to conservative therapy, additional treatment options may include nonpharmacologic or pharmacologic treatments, nonsurgical interventions, and surgical interventions. Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by physicians qualified to deliver these health services.

Most spinal structures may be the source of LBP, including intervertebral discs, facet joints, sacroiliac joints, and nerve roots. While some of these sources of LBP can be diagnosed by imaging, discogenic pain without disc herniation, lumbar facet joint, and sacroiliac joint pain are difficult to diagnose with imaging alone. Facet medial branch nerve blocks can be used 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. Following a presumptive diagnosis of facet joint pain through a physical examination and plain radiography or axial imaging indicating facet hypertrophy localized to the painful region, the diagnosis 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). 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. Facet medial branch nerve block injections should be performed with imaging guidance.

During the diagnostic phase, a patient receives an injection of a short-acting local anesthetic agent to identify the pain generator. For those whose pain recurs and persists to a moderate to severe degree after a positive diagnostic facet injection, interventional options may include a facet medial branch nerve block injection(s) or radiofrequency ablation (RFA), which uses energy to destroy the nerve. In the therapeutic phase after a positive diagnostic block, a successful radiofrequency facet ablation of the affected nerve (same anatomic location of the positive diagnostic block) may relieve pain for a period of months up to a year or more until nerve regeneration occurs.

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C. Definitions

- **Conservative Therapy** - A multimodality plan of care. Multimodality care plans include both active and inactive conservative therapies.
  - **Active Conservative Therapies** - Include physical therapy, occupational therapy, a physician supervised home exercise program (HEP), and/or chiropractic care.
    - **Home Exercise Program (HEP)** - Includes two components that are both required to meet CareSource policy for completion of conservative therapy:
      - An exercise prescription and/or plan documented in the medical record;
      - A follow up documented in the medical record regarding completion of a HEP (after suitable 6-week period), or inability to complete a HEP due to a stated physical reason (i.e., increased pain, inability to physically perform exercises). Patient inconvenience or noncompliance without explanation does not constitute “inability to complete”.
  - **Inactive Conservative Therapies** - Include rest, ice, heat, medical devices, acupuncture, TENS unit, and/or prescription medications.
    - If a TENS unit is part of the care plan, the frequency of use and duration of use with dates must be documented in the medical record. General statements in the medical record such as, “patient has a TENS unit” do not document use and will not suffice to meet this policy criterion.
- **Medial Branch Nerve Block Injection** - A procedure in which an anesthetic is injected near small medial nerves connected to a specific facet joint. The procedure may be performed to diagnose (using a short-term acting anesthetic, e.g., lidocaine) or treat (using a longer acting anesthetic, e.g., bupivacaine) back pain caused by facet joint(s).
  - **Successful DIAGNOSTIC Injection** - An injection that achieves greater than 50% reduction in pain within the duration of effectiveness for the anesthetic used.
  - **Successful THERAPEUTIC Injection** - An injection that achieves greater than 50% reduction in pain lasting at least 3 months.
- **Radiofrequency Ablation (RFA)** - Minimally invasive treatment modality that percutaneously introduces an electrode under fluoroscopic guidance to thermocoagulate medial branches of the dorsal spinal nerves.
- **Transcutaneous Electrical Nerve Stimulator (TENS Unit)** - A durable medical equipment device dispensed by prescription. Its use, frequency, duration, and start dates must be documented in the medical record to be considered part of conservative therapy during the period of prior authorization request.

D. Policy

I. CareSource considers facet joint interventions for management of chronic back pain medically necessary when the clinical criteria in this policy are met. Documentation, including dates of service for conservative therapies are not required for medical necessity review, but must be available upon request.

II. Medial Branch Nerve Block Injections

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A. Up to 2 medial branch nerve block injections in the cervical/thoracic or lumbar regions are considered medically necessary when **ALL** the following criteria are met:
   1. Diagnostic block is being performed to confirm facet joint as source of spinal pain by **ONE** of the following:
      a. Initial diagnostic block to diagnose facet pain; or
      b. Second confirmatory diagnostic block if documentation indicates first diagnostic block produced 50% or greater relief of primary pain and duration of relief is consistent with agent employed;
   2. No more than 3 spinal levels (unilateral or bilateral) may be treated at the same time (with a maximum total of 6 injections per rolling 12 months);
   3. Injections should be at least 2 weeks apart;
   4. Imaging studies and physical exam have ruled out other causes of spinal pain (e.g., fracture, tumor, infection, herniated disk, spinal stenosis, significant deformity);
   5. Patient must have a history of at least 3 months of moderate to severe pain with functional impairment that has not adequately responded to active and inactive conservative therapy;
   6. ACTIVE conservative therapy as part of a multimodality comprehensive approach is addressed in the patient's care plan with documentation in the medical record that includes **ONE** of the following:
      a. The patient has received ACTIVE conservative therapy lasting for 6 weeks or more within the past 6 months including **at least ONE** of the following:
         01. Physical therapy;
         02. Occupational therapy;
         03. A physician supervised home exercise program (HEP) as defined in this policy;
         04. Chiropractic care; or
      b. The medical record documents **at least ONE** of the following exceptions to the 6 weeks ACTIVE conservative therapy requirement in the past 6 months:
         01. Moderate pain with significant functional loss at work or home;
         02. Severe pain unresponsive to outpatient medical management;
         03. Inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s);
         04. Prior successful injections for same specific condition with relief of at least 3 months duration;
   7. Inactive conservative therapy as part of a multimodality comprehensive approach is addressed in the patient's care plan with documentation in the medical record lasting for 6 weeks or more within the past 6 months including **at least ONE** of the following**:**
      a. Rest;
      b. Ice;
      c. Heat;
      d. Medical devices;

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e. TENS unit use as defined in this policy;
f. Pain medications (prescription or over the counter) (e.g., non-steroidal anti-inflammatory drugs (NSAIDS), acetaminophen). Opioid narcotics are not required for consideration;

8. There is no coagulopathy;
9. There is no current infection at the injection site.

III. Radiofrequency Ablation (RFA) for Facet Joint Pain

A. Initial radiofrequency ablation for facet joint pain

1. Radiofrequency ablation of the facet joint is considered medically necessary when **ALL** the following criteria have been met within the last 36 months:
   a. The clinical criteria above (II. A.1-9) have been met;
   b. Two (2) successful medial branch nerve block injections have been performed at the same spinal region achieving 50% or more pain relief.

B. Repeat radiofrequency ablation for facet joint pain

1. Repeat radiofrequency ablation for facet joint pain is considered medically necessary when **ALL** the following criteria have been met in the last 36 months:
   a. Prior successful single or multilevel facet radiofrequency ablation session, in the same spinal region (cervical, thoracic, or lumbar) and side providing at least 50% pain relief lasting a minimum of 6 months;
   b. Most recent RFA was at least 6 months prior;
   c. No more than 4 radiofrequency facet ablations per rolling 12 months (two left and two right per spinal region: cervical, thoracic, or lumbar) may be considered medically necessary.

IV. Sedation

A. Neither conscious sedation nor monitored anesthesia care (MAC) is routinely necessary for intra-articular facet joint injections or medial branch blocks and are not routinely reimbursable.
B. Individual consideration may be given for payment in rare unique circumstances if the medical necessity of sedation is unequivocal and clearly documented.

V. Inconclusive or Non-Supportive Evidence

A. Medial branch nerve block injections are unproven for the treatment of chronic spinal pain. Routine periodic injections will not be authorized for management of chronic pain.
B. Intra-articular facet joint injections for neck and back pain is not considered medically necessary as there is limited evidence and the efficacy has not been established.
C. Intra-articular facet joint injections do not qualify as diagnostic information for a future proposed neurotomy.

VI. Spinal Cord Stimulators/Pain Pumps

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Patients with indwelling implanted spinal cord stimulators or pain pumps should include a device interrogation report with the required medical records for medical necessity review requests. If a device is not functioning properly, an escalation in pain may warrant evaluation and management of the implanted device.

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

	DATE	ACTION
Date Issued	06/22/2022	New Policy
Date Revised		
Date Effective	GA, IN, KY, WV: 10/01/2022 OH: 11/01/2022	
Date Archived	GA, IN, KY, WV:09/30/2023 OH: 09/30/2023	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

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11. Manchikanti L, Kaye AD, Soin A, et al. Comprehensive Evidence-Based Guidelines for Facet Joint Interventions in the Management of Chronic Spinal Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines Facet Joint Interventions 2020 Guidelines. Pain Physician. 2020;23(3S):S1-S127.
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13. Won HS, Yang M, Kim YD. Facet joint injections for management of low back pain: a clinically focused review. Anesth Pain Med (Seoul). 2020;15(1):8-18. doi:10.17085/apm.2020.15.1.8.

I. State-Specific Information
- A. Georgia
  1. Effective: 10/01/2022
- B. Indiana
  1. Effective: 10/01/2022
- C. Kentucky
  1. Effective: 10/01/2022
- D. Ohio
  1. Effective: 11/01/2022
- E. West Virginia
  1. Effective: 10/01/2022

Independent medical review – 02/2018

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