MEDICAL POLICY STATEMENT
GEORGIA MEDICAID

Policy Name		Policy Number	Date Effective
Facet Joint Interventions		MM-0974	09/01/2020
Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) 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 CSMG Co. and its affiliates (including CareSource) 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.

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A. Subject

Facet Joint Interventions

B. Background

Interventional procedures for management of acute and chronic pain are part of a comprehensive pain management care plan that incorporates conservative treatment in a multimodality approach. 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. Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by physicians qualified to deliver these health services.

Facet medial branch nerve blocks are one of the methods to diagnose and treat posterior biomechanical pain of the back which predominantly 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. A presumptive diagnosis of facet joint pain is made clinically. Evaluations include response to facet loading on physical examination, and plain radiography or axial imaging indicating facet hypertrophy localized to the painful region. 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). Pain is predominantly axial (with the possible exception of facet joint cysts) and not associated with radiculopathy or neurogenic claudication. There must be no non-facet pathology that could explain the source of the patient’s pain such as: fracture, tumor, infection, or significant deformity. 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.

In 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-severe degree after a positive diagnostic facet injection, interventional options may include a facet medial branch nerve block injection(s) or radiofrequency facet ablation (RFA), which ablates the nerve. In the therapeutic phase after a positive diagnostic block, a successful radiofrequency facet ablation of the affected (same anatomic location of the positive diagnostic block) nerve may relieve pain for a period of months to a year or more until nerve regeneration occurs.

The evidence for cervical spine facet medial branch nerve block injections is fair. 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]) 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. Evidence is Level I or II-1 for diagnostic lumbar facet medial branch nerve block injections and good for lumbar facet medial branch nerve block injections in 11 randomized trials.

Evidence for cervical spine radiofrequency facet ablation is Level II-1 (criteria as described by the Agency for Healthcare Research and Quality [AHRQ] and the US Preventative Services Task Force [USPSTF]). The average duration of pain relief greater than 50% from baseline is 7 to 9 months after initial cervical facet radiofrequency ablation. If indicated, repeat cervical radiofrequency facet ablation is successful 67% to 95% of the time. Evidence for lumbar spine radiofrequency facet ablation is Level II-2 with favorable results at less than 6 months post-procedure. The average pain relief greater than 50% from baseline is 9 months after initial lumbar radiofrequency facet ablation. If indicated, repeat lumbar radiofrequency facet ablation is successful 33% to 85% of the time, with subsequent relief enduring for an average of 12 months.

Professional Society Recommendations:
The following professional society's recommendations are derived from the latest guidelines and scientific based literature available.

American College of Physicians (ACP) & American Pain Society (APS) (October 2007)
Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society.

- Clinicians should conduct a focused history and physical examination to help place patients with low back pain into 1 of 3 broad categories: nonspecific low back pain, back pain potentially associated with radiculopathy or spinal stenosis, or back pain potentially associated with another specific spinal cause. The history should include assessment of psychosocial risk factors, which predict risk for chronic disabling back pain;
- Clinicians should not routinely obtain imaging or other diagnostic tests in patients with nonspecific low back pain;
- Clinicians should perform diagnostic imaging and testing for patients with low back pain when severe or progressive neurologic deficits are present or when serious underlying conditions are suspected on the basis of history and physical examination;
- Clinicians should evaluate patients with persistent low back pain and signs or symptoms of radiculopathy or spinal stenosis with magnetic resonance imaging (preferred) or computed tomography only if they are potential candidates for surgery or epidural steroid injection;
- Clinicians should provide patients with evidence-based information on low back pain with regard to their expected course, advise patients to remain active, and provide information about effective self-care options;
- For patients with low back pain, clinicians should consider the use of medications with proven benefits in conjunction with back care information and self-care. Clinicians should assess severity of baseline pain and functional deficits, potential benefits, risks,

and relative lack of long-term efficacy and safety data before initiating therapy. For most patients, first-line medication options are acetaminophen or nonsteroidal anti-inflammatory drugs; and

- For patients who do not improve with self-care options, clinicians should consider the addition of nonpharmacological therapy with proven benefits for acute low back pain, spinal manipulation; for chronic or subacute low back pain, intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, cognitive-behavioral therapy, or progressive relaxation.

American College of Physicians (ACP) (April 2017)

The ACP's recommendations for Noninvasive Treatments for Acute, Subacute and Chronic Low Back Pain: A Clinical Practice Guideline are as follows:

- Clinicians and patients should select nonpharmacological treatment with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence). If pharmacologic treatment is desire, clinicians and patients should select nonsteroidal anti-inflammatory drugs or skeletal muscle relaxants (moderate-quality evidence);
- Clinicians and patients should initially select nonpharmacological treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction, tai chi, yoga, motor control exercise, progressive relation, electromyography biofeedback, low –level laser therapy, operant therapy, cognitive behavioral therapy or spinal manipulation; and;
- In patients with chronic low back pain who have had an inadequate response to nonpharmacological therapy, clinicians and patients should consider pharmacologic treatment with nonsteroidal anti-inflammatory drugs as first line therapy, or tramadol or duloxetine as second-line therapy. Clinicians should only consider opioids as an option in patients who have failed the aforementioned treatments and only if the potential benefits outweigh the risks for individual patients and after a discussion of known risks and realistic benefits with patients.

C. Definitions

- **Zygapophyseal (aka facet) Joint "Level"** refers to the zygapophyseal joint or the two medial branch (MB) nerves that innervate that zygapophyseal joint.
- **Diagnostic Medial Branch Nerve Block Injection** refers to the diagnosis of facet-mediated pain requiring the establishment of pain relief following medial branch blocks (MBB) or intra-articular injections (IA). Neither physical exam nor imaging has adequate diagnostic power to confidently distinguish the facet joint as the pain source.
- **Radiofrequency Facet Ablation (RFA)** is performed using percutaneous introduction of an electrode under fluoroscopic guidance to thermocoagulate medial branches of the dorsal spinal nerves.
- **Conservative Therapy** is a multimodality plan of care. Multimodality care plans include ALL of the following:
    - **Active Conservative Therapies** such as physical therapy, occupational therapy or a physician supervised home exercise program (HEP)
        - **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 six (6) week period), or inability to complete a HEP due to a stated physical reason- i.e. increased pain or inability to physically perform exercises. (Patient inconvenience or noncompliance without explanation does not constitute "inability to complete").

- **Inactive Conservative Therapies** such as rest, ice, heat, medical devices, TENS unit and 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.

- **Transcutaneous Electrical Nerve Stimulator (TENS Unit)** is a durable medical equipment device dispensed by prescription. It's 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.
- A **"successful" DIAGNOSTIC facet medial branch nerve block injection** in this policy is defined as an injection that achieves greater than 50% reduction in pain within the duration of effectiveness for the anesthetic used.
- A **"successful" THERAPEUTIC facet medial branch nerve block injection** in this policy is defined as an injection that achieves greater than 50% reduction in pain for at least three (3) months.

D. Policy

I. Facet Joint Interventions

A. A prior authorization (PA) is required for each facet joint intervention for pain management.

1. Patients with indwelling implanted spinal cord stimulators or pain pumps should have a device interrogation report submitted with medical records for a prior authorization request for proposed interventional pain injections. If a device is not functioning properly, an escalation in pain may warrant evaluation and management of the implanted device.

II. Diagnostic Medial Branch Nerve Block Injections

A. An initial medial branch nerve block injection in the lumbar and cervical/thoracic region is required for diagnosis. Diagnostic injections are necessary due to the high false positive rates of single injections.

1. The member must meet the medically necessary criteria below before a diagnostic injection is performed.
2. A second confirmatory diagnostic injection is required when performed at the same level and if documentation indicates the first diagnostic injection resulted in at least a 50% or greater pain relief.

III. Medial Branch Nerve Block Injections
   A. Once a positive diagnostic medial branch nerve block injection has been established a maximum of six (6) injections may be performed in the cervical/thoracic spine and six (6) in the lumbar spine per rolling twelve (12) month period.

IV. Medial Branch Nerve Block Injections are indicated when ALL of the following criteria are met:
   A. Patient must have a history of at least three (3) months of moderate to severe pain with functional impairment, and pain has not adequately responded to active or inactive conservative therapy.
   B. Spine pain is predominantly located within the axial skeleton, non-radiating (not moving to another area) and is focused in the cervical, thoracic or lumbar spine area.
      1. If pain is pseudo-radicular (pseudo-radicular pain does not radiate below the knee and is thought to be associated with local proximal disorders that do not affect any nerves or nerve roots), the medical record must state this finding.
   C. A thorough history and physical exam documenting the cause of the pain (if known), duration of symptoms, severity, exacerbating factors, abnormal physical and diagnostic findings and prior conservative treatment measures is required.
   D. Relevant imaging studies of the painful spinal region were completed within thirty-six (36) months prior to the date of this request, and there is no non-facet pathology that could explain the source of the patient's pain, such as fracture, tumor, infection, or significant deformity.
   E. 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 at least ONE (1) of the following**:**
      1. The patient has received ACTIVE conservative therapy lasting for six (6) weeks or more within the past six (6) months including ONE (1) of the following:
         a. Physical therapy;
         b. Occupational therapy;
         c. A physician supervised home exercise program (HEP) as defined in this policy; or
      2. OR, the medical record documents at least ONE (1) of the following exceptions to the six (6) weeks ACTIVE conservative therapy requirement in the past six (6) months:
         a. Moderate pain with significant functional loss at work or home
         b. Severe pain unresponsive to outpatient medical management
         c. Inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
         d. Prior successful injections for same specific condition with relief of at least three (3) months' duration.
   F. 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 six (6) weeks or more within the past six (6) months including ONE (1) of the following**:**

1. Rest;
2. Ice;
3. Heat;
4. Medical devices;
5. TENS unit use as defined in this policy; or
6. Pain medications (RX or OTC) such as: non-steroidal anti-inflammatory drugs (NSAIDS), acetaminophen. Opioid narcotics are not required for consideration.

V. Radiofrequency Facet Ablations (RFA)
   A. A maximum of two (2) radiofrequency facet ablations per rolling twelve (12) months for each spinal region (cervical/thoracic or lumbar) involving no more than four (4) joints per session (e.g., two (2) bilateral levels or four (4) unilateral levels).
   B. Radiofrequency Facet Ablations are considered medically necessary when ALL of the following have been met in the last thirty-six (36) months:
      1. The clinical criteria above (IV: A-F) have been met and ONE (1) of the following:
         a. Two (2) diagnostic medial branch nerve block injections have been performed at the same spinal region and vertebral location achieving 50% or more pain relief; OR
         b. One (1) successful single or multilevel facet radiofrequency ablation, in the same spinal region and vertebral location (cervical, thoracic or lumbar) providing at least 50% pain relief for a minimum of six (6) months.
   C. Repeat Radiofrequency Facet Ablation
      1. Repeat Radiofrequency Facet Ablation in the same spinal region and vertebral location is considered medically necessary when all of the following have been met:
         a. Documented pain relief of at least 50% or greater for a minimum of six (6) months after the initial RFA
         b. A minimum of six (6) months following the initial RFA.
      2. Repeat diagnostic medial branch nerve block injections are not considered medically necessary if the member has had a successful RFA in the last thirty-six (36) months.

VI. 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.
      1. Individual consideration may be given for payment in rare unique circumstances if the medical necessity of sedation is unequivocal and clearly documented.

VII. Inconclusive or Non-Supportive Evidence

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

B. Intra-articular facet joint injections for neck and back pain has limited evidence and the efficacy is not established.

1. Intra-articular facet joint injections is a third option for managing axial back pain, however due to poor evidence for efficacy of facet joint injections is not covered.
2. Intra-articular facet joint injections also do not qualify as diagnostic information for a future proposed neurotomy.

E. Conditions of Coverage

F. Related Polices/Rules

Pain Management PY-1162

G. Review/Revision History

	DATE	ACTION
Date Issued	05/13/2020	This policy replaces the Facet Medial Branch Nerve Block MM-0214 and Radiofrequency Facet Ablation MM-0216 policies. Added criteria re: exclusion of repeat diagnostic injections for RFA.
Date Revised		
Date Effective	09/01/2020	
Date Archived		

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

Independent medical review – 2/2018

GA-MED-P-131362 Date Issued 05/13/2020 DCH Approved 06/09/2020