CareSource

MEDICAL POLICY STATEMENT

OHIO MEDICAID

Policy Name	Policy Number	Date Effective
Radiofrequency Facet Ablation (RFA)	MM-0009	08/01/2019

Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

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A. Subject

Radiofrequency Facet Ablation (RFA)

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. After a successful diagnostic facet medial nerve block injection, available interventional options to help manage pain in selected patients may include a radiofrequency facet ablation (RFA) which ablates the nerve. RFA should be performed with imaging guidance.

A presumptive diagnosis of facet joint pain is made clinically. This may be confirmed by relief of pain through Diagnostic Medial Branch Nerve Block, an injection of local anesthetic to the medial branches of the posterior rami of the dorsal spinal nerves supplying the proposed facet joint(s). In the therapeutic phase after 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. 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.

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 abaltion. 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.

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 therapeutic injections 3 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 and good for therapeutic lumbar facet medial branch nerve block injections in 11 randomized trials.

C. Definitions

- **Radiofrequency facet ablation (RFA)**is performed using percutaneous introduction of an electrode under fluoroscopic guidance to thermocoagulate medial branches of the dorsal spinal nerves.
- A **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** 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
- A **"session"** is defined as all injections/blocks/RF procedures performed on one day and includes medial branch blocks (MBB), intraarticular injections (IA), facet cyst ruptures, and radiofrequency (RF) ablations.
- **Conservative therapy** is a multimodality plan of care. **Multimodality care plans include BOTH of the following:**
    - **Active conservative therapies** such as physical therapy, occupational therapy, a physician supervised home exercise program (HEP), or chiropractic care
    - **Home Exercise Program (HEP):** includes two components that are both required to meet CareSource policy for completion of conservative therapy:
        - Information provided for an exercise prescription and/or plan documented in the medical record AND follow up documented in the medical record with member with information provided regarding completion of HEP (after suitable six (6) week period), or inability to complete 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** such as rest, ice, heat, medical devices, acupuncture, TENS unit, 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.
        - A **TENS unit is a Transcutaneous Electrical Nerve Stimulator** is 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.
- 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 6 months.

D. Policy

I. A prior authorization is required for each radiofrequency facet joint denervation/ablation for pain management. Documentation, including dates of service, for conservative therapies are not required for PA, but must be available upon request.

A. Facet radiofrequency ablation is indicated when **ALL of the following** criteria are met:

1. Patient must have history of at least 3 months of moderate to severe pain with functional impairment and pain is inadequately responsive to conservative care such as NSAIDs, acetaminophen, physical therapy (as tolerated).
   1.1 Spine pain is predominantly axial and non-radiating and is located in either the cervical, thoracic, or lumbar spine.
2. 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.
3. Relevant imaging studies of the painful spinal region were completed within 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.
4. Prior history in the past 24 months including **1 or more of the following**:
   4.1 One or two fluoroscopically-guided controlled local anesthetic blocks of medial branch nerves achieved 50% or more pain relief at the same spinal region and vertebral location within 12 months prior to this request.
   4.2 Prior history of 1 successful (50% or > pain improvement) single or multilevel facet radiofrequency ablation each providing at least 6 months or more duration of pain relief in same region (e.g., cervical or lumbar region)
5. 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 of the following:**
   5.1. The patient has received ACTIVE conservative therapy lasting for six (6) weeks or more within the past six (6) months including **ONE of the following:**
      a. Physical therapy
      b. Occupational therapy
      c. A physician supervised home exercise program (HEP) as defined in CareSource policy
      d. Chiropractic care
   5.2 Or, the medical record documents at least **ONE of the following** exceptions to the 6 weeks ACTIVE conservative therapy requirement in the past 6 months:
      a. At least 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 3 months' duration
6. PASSIVE 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 that includes at least **ONE of the following:**
   6.1 rest
   6.2 ice
   6.3 heat
   6.4 medical devices
   6.5 acupuncture
   6.6 TENS unit use as defined in CareSource policy

6.7 Pain medications (RX or OTC) such as: non-steroidal anti-inflammatory drugs (NSAIDS), acetaminophen. Opiod narcotics are not required for consideration.

B. Repeat RFA:
   1. A repeat RFA in the same spine region requires documented pain relief of at least 50% for a minimum of 6 months after the initial RFA
   2. Repeat RFA is performed at a minimum of six (6) months following the initial RFA.
   3. For each spinal region (cervical/thoracic or lumbar) two (2) radiofrequency facet ablations per rolling 12 months, involving no more than four (4) joints per session, e.g., two (2) bilateral levels or four (4) unilateral levels).

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

Inconclusive or Non-Supportive Evidence

For sacroiliac spine pain, evidence is limited and only two studies are available, with pain relief at 6 months after neurotomy ranging for 32% to 67%. This policy does not address sacral conditions or injections or neurotomies.

Intra-articular facet joint injection for neck and back pain has limited evidence and efficacy has not been established. Due to poor evidence for efficacy intra-articular facet joint injections are not covered as a medically necessary health service.

E. Conditions of Coverage

F. Related Polices/Rules

Pain Management PY-0083

G. Review/Revision History

	DATE	ACTION
Date Issued	01/27/2015	
Date Revised	03/20/2019	Annual Update: Added documentation statement and removed start and end dates. Added H & P, relevant imaging studies, 3 mo. pain requirement to policy criteria and thoracic region.
Date Effective	08/01/2019	

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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