MEDICAL POLICY STATEMENT
INDIANA MEDICAID

Original Issue Date	Next Annual Review	Effective Date
11/01/2017	11/01/2018	12/17/2017
Policy Name		**Policy Number**
Facet Medial Branch Nerve Blocks		MM-0186
Policy Type		
MEDICAL	Administrative / Pharmacy	Reimbursement

Medical Policy Statements 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.

Contents of Policy

A. SUBJECT

Facet Medial Branch Nerve Blocks

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.[1] 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.[2, 3] Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by physicians qualified to deliver these health services.[4-6]

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.[7, 8] 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 and, with the possible exception of facet joint cysts, 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.

In the diagnostic phase, a patient receives injection of short-acting local anesthetic agent to identify the pain generator. [5, 9] 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.[5, 10]

C. DEFINITIONS

- A **zygapophyseal (aka facet) joint "level"** refers to the zygapophyseal joint or the two medial branch (MB) nerves that innervate that zygapophyseal joint.
- 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 with member documented in the medical record 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".)

- **Passive 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.
- 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 3 months.

D. POLICY

Criteria

I. A prior authorization is required for each facet medial branch nerve block injection for pain management.

A. Facet Medial Branch Nerve Block Injections are indicated when **ALL of the following** criteria are met:

1. Spine pain *is predominantly axial and non-radiating* and located in the cervical, thoracic, or lumbar spine. If pain is pseudo-radicular, the contemporaneous medical record must state this finding:

1.1 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:**

a. The patient has received ACTIVE conservative therapy lasting for six (6) weeks or more within the past six (6) months with documentation substantiating the duration of treatment including **ONE of the following:**

(1)Physical therapy
(2)Occupational therapy
(3)A physician supervised home exercise program (HEP) as defined in CareSource policy
(4) Chiropractic care

b. 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:

(1) At least moderate pain with significant functional loss at work or home
(2) Severe pain unresponsive to outpatient medical management
(3) Inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
(4) Prior successful injections for same specific condition with relief of at least 3 months' duration

1.2 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 substantiating the duration of treatment that includes at least **ONE of the following:**

a. rest
b. ice
c. heat
d. medical devices
e. acupuncture

f. TENS unit use as defined in CareSource policy
g. prescription pain medications

2. Relevant imaging studies of the painful spinal region were completed within 36 months prior to the date of this request.

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

A. 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. If pain is pseudoradicular, the contemporaneous medical record must state this finding.[7, 11]
B. Documentation of associated medical and psychological disorders
C. 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.[12, 13] 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 Preventive Services Task Force [USPSTF] [14, 15]) 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.[16-18] Evidence is Level I or II-1 for diagnostic lumbar facet medial branch nerve block injections and [19, 20] and good for lumbar facet medial branch nerve block injections in 11 randomized trials.[21, 22]

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 36 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.

A maximum of five (5) facet injection sessions inclusive of medial branch blocks, intraarticular injections, and facet cyst rupture and facet medial branch neurotomies may be performed per rolling 12 months in the cervical/thoracic spine and five (5) in the lumbar spine.

Facet medial branch nerve block injections should be performed with imaging guidance. Neither conscious sedation nor Monitored Anesthesia Care (MAC) is routinely necessary for facet joint 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.

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. [23]

II. **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 is not established.[9, 24, 25] 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.[9, 24] Intra-articular facet joint injections also do not qualify as diagnostic information for a future proposed neurotomy.

E. CONDITIONS OF COVERAGE

HCPCS
CPT

AUTHORIZATION PERIOD

F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	11/01/2017	New Policy.
Date Revised		
Date Effective	12/17/2017	

H. REFERENCES

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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.