MEDICAL POLICY STATEMENT
Arkansas PASSE

Policy Name & Number	Date Effective
Facet Joint Interventions-AR PASSE-MM-1505	07/01/2025-04/30/2026
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.

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A. Subject
Facet Joint Interventions

B. Background
An estimated 84% of adults experience back pain during the lifetime. Long-term outcomes are largely favorable for most patients, but a small percentage of patients' symptoms persist. Persistent pain is categorized as subacute when it lasts between 4 and 12 weeks and chronic when it persists for at least 3 months. Facet joint pain comprises 27%-40% of patients with chronic low back pain (LBP).

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 promote 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, treatment options may include nonpharmacologic or pharmacologic treatments, and nonsurgical or surgical interventions. Only physicians qualified in interventional procedures for pain unresponsive to conservative treatment should perform these health services.

Spinal structures may be the source of LBP, including intervertebral discs, facet joints, sacroiliac joints, and nerve roots. While some of these can be diagnosed by imaging, discogenic pain without disc herniation and facet joint or sacroiliac joint pain are difficult to diagnose with imaging alone. Medial branch nerve blocks are a diagnostic tool to identify the cause of pain and can provide short term pain relief with certain medications. Following a presumptive diagnosis of facet joint pain through a physical examination and plain radiography or axial imaging, 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). 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. Medial branch nerve block injections should be performed with fluoroscopy or computed tomography.

A patient may receive a diagnostic injection of a short-acting local anesthetic agent to identify the pain generator. If the pain is relieved by the injection, then radiofrequency ablation (RFA), which uses energy to destroy the nerve, can be performed. 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.

C. Definitions
- **Conservative Therapy** – A multimodality plan of care, including both active and inactive conservative therapies.
  - **Active Conservative Therapies** – Actions or activities that strengthen muscle groups and target key spinal structures, including physical therapy, occupational therapy, and a physician supervised home exercise program (HEP).

        - **HEP** – A 6-week program requiring an exercise prescription and/or plan and a follow-up documented in the medical record after completion, or documentation of the inability to complete a HEP due to a stated physical reason (ie, increased pain, inability to physically perform exercises). Patient inconvenience or noncompliance without explanation does not constitute an inability to complete.
    - **Inactive Conservative Therapies** – Passive activities by the patient that aid in treating symptoms associated with pain, including rest, ice, heat, medical devices, TENS use, and/or pharmacotherapy (prescription or over the counter [eg, non-steroidal anti-inflammatory drugs, acetaminophen]).
        - **Transcutaneous Electrical Nerve Stimulator (TENS)** – A device that utilizes electrical current delivered through electrodes placed on the surface of the skin to decrease the patient's perception of pain by inhibiting the transmission of afferent pain nerve impulses and/or stimulating the release of endorphins. Its use, frequency, duration, and start dates must be documented in the medical record to be considered part of conservative therapy.
- **Medial Branch Nerve Block Injection** – A diagnostic procedure in which a short-acting anesthetic (eg, lidocaine) is injected near small medial nerves connected to a specific facet joint. It may also be performed to treat back pain caused by facet joint(s) with a longer acting anesthetic (eg, bupivacaine).
    - **Successful Diagnostic Injection** – An injection that achieves greater than 80% reduction in pain within the duration of effectiveness for the anesthetic used.
- **Radiofrequency Ablation (RFA)** – Minimally invasive treatment modality that percutaneously introduces an electrode under fluoroscopic guidance to thermocoagulate medial branches of the dorsal spinal nerves.

D. Policy

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.

I. Medial Branch Nerve Block Injections

A. Up to 2 diagnostic medial branch nerve block injections in the cervical, thoracic, or lumbar regions are considered medically necessary when **ALL** of the following criteria are met:

1. Initial diagnostic block confirms facet joint as source of spinal pain and provides 80% or greater primary pain relief and duration of relief is consistent with agent employed.
2. Second diagnostic block confirms validity of the initial injection and is injected at the same level where the initial produced a positive response.
3. Each diagnostic block may treat up to 3 spinal levels (unilateral or bilateral) for a maximum of 6 spinal levels per spinal region per session.
4. Radiofrequency ablation is being considered as a therapeutic intervention.
5. Injections should be at least 2 weeks apart.

6. Imaging studies and physical exam ruled out other causes of spinal pain (eg, fracture, tumor, infection, herniated disk, spinal stenosis, significant deformity).
7. Patient history with at least 3 months of moderate to severe pain with functional impairment that has not adequately responded to active and inactive conservative therapy.
8. Failure of conservative therapy, as evidenced by **ALL** the following:
   a. Documentation in the medical record of at least 6 weeks of active conservative therapy (see definition above) within the past 6 months OR inability to complete active conservative therapy due to contraindication, increased pain, or intolerance.
   b. Documentation in the medical record of at least 6 weeks of inactive conservative therapy (see definition above) within the past 6 months.
9. No coagulopathy.
10. No current infection at the injection site.

B. Diagnostic medial branch nerve blocks are **NOT** considered medically necessary when RFA is not being considered as a treatment option.

II. Radiofrequency Ablation (RFA) for Facet Joint Pain
   A. Initial RFA for Facet Joint Pain is considered medically necessary when in the past 36 months
      a. The clinical criteria above (I.A.1-10) have been met.
      b. 2 successful medial branch nerve block injections were performed at the same spinal region and side and achieved 80% or more pain relief.
   B. Repeat RFA for facet joint pain is considered medically necessary when in the past 36 months
      a. Prior successful single or multilevel facet RFA in the same spinal region (cervical, thoracic, or lumbar) and side provided at least 50% pain relief over a minimum of 6 months.
      b. The most recent RFA was at least 6 months prior.
      c. No more than 4 RFAs per rolling 12 months (2 left and 2 right per spinal region) are considered appropriate.

III. 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.

IV. Inconclusive or Non-Supportive Evidence
   A. Medial branch nerve block injections are unproven for the treatment of chronic spinal pain. Routine therapeutic injections will not be authorized for chronic pain management.

B. Intra-articular facet joint injections for neck and back pain are not considered medically necessary as there is limited evidence and the efficacy has not established.
C. Intra-articular facet joint injections do not qualify as diagnostic information for a proposed neurotomy.

V. Spinal Cord Stimulators/Pain Pumps
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
N/A

F. Related Polices/Rules
N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	06/21/2023	New Policy, Approved at Committee
Date Revised	05/08/2024 04/09/2025	Annual review: updated references, approved at Committee Review: updated references, approved at Committee.
Date Effective	07/01/2025	
Date Archived	04/30/2026	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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