

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: FACET JOINT INJECTIONS (A.K.A. MEDIAL BRANCH BLOCKS)

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual & Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of facet joint injections for cervical and lumbar spinal pain. These injections are typically used as a trial procedure to determine if a therapeutic benefit is likely from a facet neurotomy by radiofrequency nerve ablation done at the same level.

POLICY:

Facet joint injection (also known as medial branch block) may be indicated when **ALL** of the following are present:

1. Diagnostic medial branch nerve block is needed to confirm facet joint as source of spinal pain.

Effective: 5/16

Revised: 2/20

Last reviewed: 10/22

Q: \CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Facet Joint Injections Medical UM Policy

Developed by: CCHP Chief Medical Officer and Executive Director Health Plan Clinical Services

2. Patient is a candidate for facet neurotomy (a.k.a. radiofrequency facet joint ablations, RFAs) as indicated by **ALL** of the following:
 - a. Chronic spinal pain (at least 3 months' duration) originating from **1 or more** of the following:
 - i. Neck (eg, following whiplash injury)
 - ii. Low back
 - b. Failure of 3 months or more of nonoperative management, as indicated by **ONE** of the following:
 - i. Exercise program
 - ii. Pharmacotherapy
 - iii. Physical therapy or spinal manipulation therapy
 - c. Imaging studies and physical examination have ruled out other causes of spinal pain (eg, herniated disk, spinal stenosis, fracture, tumor).
 - d. When there has been one or more prior facet neurotomies in the same region (cervical or lumbar) and side (right or left):
 - i. The most recent prior RFA in the same region and side must be at least six months prior to the first MBB testing for any repeat RFA.
 - e. No coagulopathy (no current use of anticoagulants or antiplatelet therapy is not a criteria)
 - f. No current infection

REFERENCES:

1. MCG Guideline A-O695 (AC) Facet Joint Injection; MCG Health Ambulatory Care 23rd Edition. Copyright © 2019 MCG Health, LLC
2. Falco FJ, et al. An updated review of the diagnostic utility of cervical facet joint injections. *Pain Physician* 2012;15(6):E807-38.
3. Manchikanti L, Singh V, Falco FJ, Cash KM, Fellows B. Cervical medial branch blocks for chronic cervical facet joint pain: a randomized, double-blind, controlled trial with one-year follow-up. *Spine* 2008;33(17):1813-20. DOI: 10.1097/BRS.0b013e31817b8f88.
4. Kirpalani D, Mitra R. Cervical facet joint dysfunction: a review. *Archives of Physical Medicine and Rehabilitation* 2008;89(4):770-4. DOI: 10.1016/j.apmr.2007.11.028.
5. Facet Joint Injection ACG: A-0695(AC), MCG Health; CareWebQI Version: 9.2, Content Version: 21.1, 2017 MCG Health, LLC ;

Effective: 5/16

Revised: 2/20

Last reviewed: 10/22

Q: \CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Facet Joint Injections Medical UM Policy

Developed by: CCHP Chief Medical Officer and Executive Director Health Plan Clinical Services