

**Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.**

---

## **Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Mediated Joint Pain**

**MP9448**

**Covered Service:** Yes

**Prior Authorization Required:** Yes, including initial diagnostic intra-articular facet joint injections, medial branch nerve blocks, therapeutic facet denervation procedures, and subsequent facet injections/denervation combinations.

**Additional Information:** None

### **Medica Medical Policy:**

#### **Intra-articular diagnostic facet joint injections/medial branch nerve blocks**

- 1.0 Intra-articular diagnostic facet joint injections (FJI)/medial branch blocks (MBNB) **require** prior authorization through the Health Services Division and are considered medically necessary when **ALL** of the following criteria are met:
- 1.1 Diagnostic blocks (medial branch blocks, intra-articular injection) are needed to confirm or validate facet joint as source of chronic pain; **AND**
  - 1.2 Member is a candidate for facet neurotomy, as indicated by **ALL** of the following:
    - 1.2.1 Chronic spinal pain (at least 3 months duration) originating from **ONE OR MORE** of the following:
      - 1.2.1.1 Cervical spine or cervicogenic headache
      - 1.2.1.2 Thoracic spine
      - 1.2.1.3 Lumbar spine
    - 1.2.2 Documentation in the member's medical record of failure of three (3) or more months of nonoperative management including **BOTH** of the following (if member is unable to complete three (3) months of nonoperative management, provider must document rationale):
      - 1.2.2.1 Pharmacotherapy (NSAID's and/or analgesics); **AND**
      - 1.2.2.2 Physical therapy (PT) or spinal manipulation therapy
    - 1.2.3 Imaging studies of the area to be treated have been performed; **AND**
    - 1.2.4 Clinical documentation supports that the facet joint is the likely cause of pain
  - 1.3 Intra-articular diagnostic facet joint injections/medial branch nerve blocks are limited to no more than three (3) levels per side of each spinal region, per the initial and/or confirmatory diagnostic session(s).

**Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.**

---

- 1.4 Prior authorization is valid for two diagnostic injections at the same facet joint level(s).

**Radiofrequency ablation/neurotomy of the facet joint/facet neurotomy**

- 2.0 **Initial** Radiofrequency Ablation **requires** prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical records indicates that **ALL** the following criteria are met.
  - 2.1 Severe, non-radicular chronic spinal pain for at least three (3) months duration originating from **ONE or MORE** of the following;
    - 2.1.1 Cervical spine or cervicogenic headache
    - 2.1.2 Thoracic spine
    - 2.1.3 Lumbar spine
  - 2.2 Documented failure of three (3) months or more of nonoperative management, including **ALL** of the following (if member is unable to complete three months of nonoperative management, provider must document rationale):
    - 2.2.1 Pharmacotherapy (NSAID's and/or oral analgesics); **AND**
    - 2.2.2 Physical Therapy or spinal manipulation
  - 2.3 Two (2) positive diagnostic blocks (facet joint injection or medial branch nerve blocks) that have achieved 80% pain relief from baseline pain scores; **AND**
  - 2.4 Imaging studies and physical examination have ruled out other causes of spinal pain (e.g., herniated disc, spinal stenosis, spinal instability, fracture or malignancy)
  - 2.5 RFA treatment procedure is limited to three (3) levels per side of each spinal region in a six (6) month period
- 3.0 A **repeat** radiofrequency joint denervation/neurotomy at the same facet joint level is considered medically necessary when **ALL** of the following criteria are met:
  - 3.1 There is documented pain relief of at least 50% which has lasted for a minimum of 12 weeks; **AND**
  - 3.2 The procedure is performed at a minimum of six (6) months following the prior denervation/ablation (maximum of 2 times over a 12-month period per side and level); **AND**
  - 3.3 Severe pain limiting activities of daily living for at least three (3) months despite conservative treatments (such as pharmacotherapy, exercise program, activity modification, PT or chiropractic care). Documentation of conservative treatments must correspond to the current episode of pain (within 6 months) (if member is unable to complete three months of nonoperative management, provider must document rationale); **AND**
  - 3.4 Repeat RFA treatment procedure is limited to 3 levels per side of each spinal region (cervical, thoracic or lumbar) in a six-month period.

**Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.**

---

- 4.0 Facet joint injection/medical branch nerve block is considered **experimental and investigational**, and therefore not medically necessary for all other indications not specifically mentioned in the medical necessity criteria, including but not limited to:
  - 4.1 All therapeutic injections
  - 4.2 When a radiofrequency joint denervation procedure is not being considered
  - 4.3 Injections other than anesthetic, corticosteroid, and/or contrast agent
  - 4.4 Injection/blocks on more than three (3) contiguous spinal joint levels
  - 4.5 Without the use of fluoroscopic or CT guidance or when performed under ultrasound guidance
  - 4.6 Untreated radiculopathy
  - 4.7 Treatment of sacroiliac joint pain.
- 5.0 The following therapeutic facet denervation procedures for treatment of cervicogenic headache or chronic back pain (cervical, thoracic, and lumbar) are considered **experimental and investigational**, and therefore not medically necessary:
  - 5.1 Pulsed percutaneous radiofrequency ablation/denervation of the facet joint
  - 5.2 Laser ablation/denervation procedures
- 6.0 Ablation/denervation of sacroiliac (SI) joint by any method is considered **experimental and investigational**, and therefore not medically necessary, including but not limited to:
  - 6.1 Non-pulsed and pulsed percutaneous radiofrequency ablation/denervation
  - 6.2 Cooled percutaneous radiofrequency ablation/denervation of the facet joint
  - 6.3 Laser ablation/denervation procedures



**Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.**

---

	Committee/Source	Date(s)
<b>Document</b>		
<b>Created:</b>	Medical Policy Committee/Health Services Division	January 16, 2019
<b>Revised:</b>	Medical Policy Committee/Health Services Division	December 18, 2019
	Medical Policy Committee/Health Services Division	July 15, 2020
	Medical Policy Committee/Health Services Division	February 17, 2021
	Medical Policy Committee/Health Services Division	April 21, 2021
	Medical Policy Committee/Health Services Division	July 21, 2021
	Medical Policy Committee/Health Services Division	August 17, 2022
	Medical Policy Committee/Health Services Division	September 20, 2023
	Medical Policy Committee/Health Services Division	December 20, 2023
<b>Reviewed:</b>	Medical Policy Committee/Health Services Division	December 18, 2019
	Medical Policy Committee/Health Services Division	July 15, 2020
	Medical Policy Committee/Health Services Division	February 17, 2021
	Medical Policy Committee/Health Services Division	April 21, 2021
	Medical Policy Committee/Health Services Division	July 21, 2021
	Medical Policy Committee/Health Services Division	August 17, 2022
	Medical Policy Committee/Health Services Division	September 20, 2023
	Medical Policy Committee/Health Services Division	December 20, 2023

Published: 01/01/2024

Effective: 01/01/2024