Policy Statement

Note: Any injection performed at least two years from prior injections in the same region will be considered a new episode of care and the INITIAL injection requirements must be met for approval. Events such as surgery on the same spinal region or any new pathology would also prompt a new episode of care.

Indications For Facet Joint Injections Or Medial Branch Nerve Blocks

To confirm non-radicular pain suggestive of facet joint origin ALL of the following must be met:

- History of mainly axial or non-radicular pain unless stenosis is caused by synovial cyst
- Lack of evidence that the primary source of pain being treated is from discogenic pain, sacroiliac joint pain, disc herniation, or radiculitis
- Pain causing functional disability or average pain levels of ≥ 6 on a scale of 0 to 10
- Duration of pain of at least 3 months
- Failure to respond to non-operative conservative therapy* targeting the requested spinal region for a minimum of 6 weeks in the last 6 months unless the medical reason this treatment cannot be done is clearly documented; OR details of engagement in ongoing non-operative conservative therapy* if the individual has had prior spinal injections in the same region

NOTE: All procedures must be performed using fluoroscopic, US, or CT guidance.

Frequency Of Repeat Injections

Facet joint injections and medial branch nerve blocks may be repeated only as medically necessary. Each injection requires an authorization, and the following criteria must be met for repeat injections:

- Up to 2 injections may be performed in the initial diagnostic phase, no sooner than 2 weeks apart, provided at least 50% pain relief or significant documented functional improvement is obtained. If the most recent injection was a diagnostic block with local anesthetic only, there must be at least 7 days between injections.
- If the first injection is unsuccessful, a second injection may be performed at a different spinal level or with a change in technique (i.e., from an intra-articular facet injection to a medial branch nerve block) given there is a question about the pain generator or evidence of multi-level pathology
- Facet joint injections may only be repeated after the initial diagnostic phase if symptoms return, and the individual has had at least 50% pain relief or significant documented functional improvement for a minimum of 2 months after each therapeutic injection
- The individual continues to have pain causing functional disability or average pain levels ≥ 6 on a scale of 0 to 10
- The individual is engaged in ongoing active conservative therapy*, unless the medical reason this treatment cannot be done is clearly documented. Diagnostic injections within 1 month of the previous injection do not require documentation of ongoing active conservative therapy.
- In the diagnostic phase, a maximum of 2 procedures may be performed. Repeat diagnostic injections are allowable if there is a question about the pain generator, different levels are to be targeted, or if there is surgery in the same spinal region.
- Repeat therapeutic injections should not be performed more frequently than every 2 months with a maximum of 4 injections in a 12-month period per spinal region (except under unusual circumstances, such as a recurrent injury).²
- If different spinal regions are being treated, injections should be administered at intervals of no sooner than 7 days unless a medical reason is provided to necessitate injecting multiple regions on the same date of service (see NOTE)²
- Unilateral injections performed at the same level on the right vs. left within 1 month of each other would be considered as one procedure toward the total number of facet procedures allowed per 12 months.²

Radiofrequency neurolysis procedures should be considered in individuals with successful medial branch nerve blocks (at least 70% pain relief or improved ability to function), but with insufficient sustained relief (less than 2-3 months improvement).² ⁴

NOTE: It is generally considered not medically necessary to perform multiple interventional pain procedures on the same date of service. Documentation of a medical reason to perform injections in different regions on the same day can be provided and will be considered on a case-by-case basis (i.e., holding anticoagulation therapy on two separate dates creates undue risk for the patient). Different types of injections in the same spinal region (cervical, thoracic, or lumbar) should not be done on the same day with the exception of a facet injection and ESI performed in the same session for a synovial cyst.

Exclusions
These requests are excluded from consideration under this guideline:
- Lateral branch blocks
- Occipital nerve blocks

Contraindications For Facet Joint Injections
- Active systemic or spinal infection
- Skin infection at the site of needle puncture
- Inability to obtain percutaneous access to the target facet joint

NOTE: Refer to Appendix A to see the policy statement changes (if any) from the previous version.

Policy Guidelines

*Conservative Therapy - Non-operative treatment* should include a multimodality approach consisting of a combination of active and inactive components. Inactive components can include rest, ice, heat, modified activities, medical devices, acupuncture, stimulators, medications, injections, and diathermy. Active modalities should be region-specific (targeting the cervical, thoracic, or lumbar spine) and consist of physical therapy, a physician-supervised home exercise program**, or chiropractic care.⁴ ¹⁹

**Home Exercise Program (HEP)** – The following two elements are required to meet guidelines for completion of conservative therapy:
- Documentation of an exercise prescription/plan provided by a physician, physical therapist, or chiropractor¹⁹-²¹ ; AND
- Follow-up documentation regarding completion of HEP after the required 6-week timeframe or inability to complete HEP due to a documented medical reason (i.e., increased pain or inability to physically perform exercises). Closure of medical offices, closure of therapy offices, patient inconvenience, or noncompliance without explanation does not constitute “inability to complete” HEP.⁴ ¹⁹
Terminology: Facet Injections; Facet Joint Blocks; Paravertebral Facet Injections; Paravertebral Facet Joint Injections; Paravertebral Facet Joint Nerve Injections; Zygapophyseal injections; Lumbar Facet Blockade; Medial Branch blocks

Key Primary CPT Codes:
Cervical Thoracic Region:
- 64490 (+ 64491, +64492) 0213T, +0214T, +0215T

Lumbar Region:
- 64493 (+64494, +64495) 0216T, +0217T, +0218T

General Information
It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Description
Facet joints, (also called zygapophyseal joints or z-joints), posterior to the vertebral bodies in the spinal column and connecting the vertebral bodies to each other, are located at the junction of the inferior articular process of a more cephalad vertebra and the superior articular process of a more caudal vertebra. These joints provide stability and enable movement, allowing the spine to bend, twist, and extend in different directions. They also restrict hyperextension and hyperflexion.2, 14

Related Policies
- N/A

Benefit Application
Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status
- N/A

Rationale
Facet joints are clinically important spinal pain generators in individuals with chronic spinal pain. In 15 – 45% of individuals with chronic low back pain, facet joints have been implicated as a cause of the pain. Facet joints are considered as the cause of chronic spinal pain in 48% of individuals with
thoracic pain and 54 – 67% of individuals with chronic neck pain. Facet joints may refer pain to adjacent structures, making the underlying diagnosis difficult as referred pain may assume a pseudoradicular pattern. Lumbar facet joints may refer pain to the back, buttocks, and lower extremities while cervical facet joints may refer pain to the head, neck, and shoulders.

Imaging findings are of little value in determining the source and location of ‘facet joint syndrome’, a term originally used by Ghormley in 1933, referring to back pain caused by pathology at the facet joints. Imaging studies may detect changes in facet joint architecture, but correlation between radiologic findings and symptoms is unreliable. Although clinical signs are also unsuitable for diagnosing facet joint-mediated pain, they may be of value in selecting individuals for controlled local anesthetic blocks of either the medial branches or the facet joint itself.

Medical necessity management for paravertebral facet injections includes an initial evaluation including history and physical examination and a psychosocial and functional assessment. The following must be determined: nature of the suspected organic problem; non-responsiveness to conservative treatment; level of pain and functional disability; conditions which may be contraindications to paravertebral facet injections; and responsiveness to prior interventions.

The most common source of chronic pain is the spine, and up to 80% of the U.S. population suffers from spinal pain sometime during their life span. Facet joint interventions are used in the treatment of pain in certain individuals with a confirmed diagnosis of facet joint pain. Interventions include intraarticular injections and medial branch nerve blocks in the lumbar, cervical, and thoracic spine. Prior to performing this procedure, shared decision-making between patient and physician must occur, and the patient must understand the procedure and its potential risks and results. Facet joint injections or medial branch nerve blocks require guidance imaging.

References


---

**Documentation for Clinical Review**

**Please provide the following documentation:**

- History and physical and/or consultation notes including:
  - Diagnoses, history and duration of pain
  - Duration and response to conservative therapy (specify type)
Previous injection(s) (if applicable) including: date(s), type(s), location(s)/level(s), and responses

- Treatment plan
  - Injection(s) planned or performed including:
    - Location(s)/Level(s)
    - Type of injection (i.e., facet joint injection or block, diagnostic, therapeutic) and type of injectate solution(s)
    - Whether intravenous (IV) sedation/narcotic analgesia/monitored anesthesia care (MAC) is planned or used (if applicable)
  - Type of imaging guidance (i.e., fluoroscopy)
  - Radiology report(s)

Post Service (in addition to the above, please include the following):
- Procedure report(s) including: description and procedure effects

### Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>0213T</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level</td>
</tr>
<tr>
<td>CPT</td>
<td>0214T</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>CPT</td>
<td>0215T</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>CPT</td>
<td>0216T</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level</td>
</tr>
<tr>
<td>CPT</td>
<td>0217T</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>CPT</td>
<td>0218T</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>CPT</td>
<td>64490</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level</td>
</tr>
<tr>
<td>Type</td>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>64491</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td></td>
<td>64492</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td></td>
<td>64493</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level</td>
</tr>
<tr>
<td></td>
<td>64494</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td></td>
<td>64495</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

**Policy History**

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2017</td>
<td>Adoption of National Imaging Associates (NIA) Clinical Guidelines</td>
</tr>
<tr>
<td>07/01/2018</td>
<td>NIA Clinical Guideline update</td>
</tr>
<tr>
<td>07/01/2019</td>
<td>NIA Clinical Guideline update</td>
</tr>
<tr>
<td>07/01/2020</td>
<td>Annual NIA clinical guideline update.</td>
</tr>
<tr>
<td>03/01/2021</td>
<td>Annual NIA clinical guideline update. Policy title changed Paravertebral Facet Joint Injections or Blocks to current one.</td>
</tr>
<tr>
<td>01/01/2022</td>
<td>Annual NIA clinical guideline update.</td>
</tr>
<tr>
<td>01/01/2023</td>
<td>Annual NIA clinical guideline update. Policy title changed Paravertebral Facet Joint Injections or Blocks (no U/S) to current one.</td>
</tr>
</tbody>
</table>

**Definitions of Decision Determinations**

**Medically Necessary:** Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member’s illness, injury, or disease.
Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements and Feedback (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member’s eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.
## POLICY STATEMENT

<table>
<thead>
<tr>
<th>BEFORE</th>
<th>AFTER</th>
</tr>
</thead>
</table>
| **Indications for Facet Joint Injections or Medial Branch Nerve Blocks**<br>(Cervical, Thoracic, Lumbar): | **Policy Statement:**
| To confirm disabling non-radicular low back (lumbar), mid back (thoracic), or neck (cervical, C2-T1) pain*, suggestive of facet joint origin as documented in the medical record based upon **ALL** of the following:<br>• History, consisting of mainly axial or non-radicular pain unless stenosis is caused by synovial cyst (Khan, 2006; Manchikanti, 2013, 2009); **AND**<br>• Lack of evidence, either **for** discogenic or sacroiliac joint pain as the main pain generators (Manchikanti, 2013, 2009); **AND**<br>• Lack of disc herniation or evidence of radiculitis as the main pain generators unless stenosis is caused by synovial cyst (Khan, 2006; Manchikanti, 2013, 2009); **AND**<br>• Pain causing functional disability or pain levels of ≥ 6 on a scale of 0 to 10 (Manchikanti, 2013, 2009; Summers, 2013); **AND**<br>• Duration of pain of at least **3 months** (Manchikanti, 2013, 2009); **AND**<br>• Failure to respond to conservative non-operative therapy management* for a minimum of 6 weeks in the last 6 months prior to facet injections, or details of active engagement in other forms of | Note: Any injection performed at least two years from prior injections in the same region will be considered a new episode of care and the **INITIAL** injection requirements must be met for approval. Events such as surgery on the same spinal region or any new pathology would also prompt a new episode of care. |
| | **Indications For Facet Joint Injections Or Medial Branch Nerve Blocks**
| To confirm non-radicular pain suggestive of facet joint origin **ALL** of the following **must be met:**<br>• History of mainly axial or non-radicular pain unless stenosis is caused by synovial cyst<sup>2-3</sup><br>• Lack of evidence that the primary source of pain being treated is from discogenic pain, sacroiliac joint pain, disc herniation, or radiculitis<sup>1-3</sup><br>• Pain causing functional disability or average pain levels of ≥ 6 on a scale of 0 to 10<sup>2-4</sup><br>• Duration of pain of at least **3 months**<sup>2,3</sup><br>• Failure to respond to non-operative conservative therapy* targeting the requested spinal region for a minimum of 6 weeks in the last 6 months unless the medical reason this treatment cannot

Reproduction without authorization from Blue Shield of California is prohibited
### POLICY STATEMENT

<table>
<thead>
<tr>
<th>BEFORE</th>
<th>AFTER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Red font: Verbiage removed</strong></td>
<td><strong>Blue font: Verbiage Changes/Additions</strong></td>
</tr>
</tbody>
</table>
| active conservative non-operative treatment, if the patient had prior spinal injections, unless the medical reason this treatment cannot be done is clearly documented (Manchikanti, 2013; Summers, 2013); **AND**. All procedures must be performed using fluoroscopic or CT guidance (Amrhein, 2016; Weining, 2013). | be done is clearly documented; OR details of engagement in ongoing non-operative conservative therapy* if the individual has had prior spinal injections in the same region. **\(^2, 4, 5**
| **NOTE:** Ultrasound guidance is not a covered benefit and a procedure performed using ultrasound guidance is not reimbursable. | **NOTE:** All procedures must be performed using fluoroscopic, US, or CT guidance. **\(^6-10**

### FREQUENCY OF REPEAT INJECTIONS

Facet joint injections and medial branch nerve blocks may be repeated only as medically necessary. **Each** injection requires an authorization, and the following criteria must be met for repeat injections:

- Up to 2 injections may be performed in the initial diagnostic phase, no sooner than 2 weeks apart, provided at least 50% pain relief or significant documented functional improvement is obtained. If the most recent injection was a diagnostic block with local anesthetic only, there must be at least 7 days between injections. **\(^2**
- If the first injection is unsuccessful, a second injection may be performed at a different spinal level or with a change in technique (i.e., from an intra-articular facet injection to a medial branch nerve block) given there is a question about the pain generator or evidence of multi-level pathology.
- Facet joint injections may only be repeated after the initial diagnostic phase if symptoms return, and the individual has had at least 50% pain relief or significant documented functional improvement for a **minimum of 2 months** after each therapeutic injection. **\(^2**
- The individual continues to have pain causing functional disability or average pain levels ≥ 6 on a scale of 0 to 10. **\(^3, 4**
- The individual is engaged in ongoing active conservative therapy*, unless the medical reason this treatment cannot be done is clearly documented. Diagnostic injections within 1 month of the previous injection do not require documentation of ongoing active conservative therapy.

**Frequency of Facet Block:**

- There must be a **minimum of 14 days** between injections or **7 days** if the most recent injection was diagnostic facet nerve blocks with local anesthetic only (Manchikanti, 2013).
- The patient continues to have ongoing pain or documented functional disability:
  - Pain causing functional disability or pain level ≥ 6 on a scale of 0 to 10 (Manchikanti, 2013, 2009; Summers, 2013).
  - Must have a positive response of ≥ 50% pain relief or improved ability to function or a change levels or in technique, for example from an initial intraarticular facet block to a medial branch nerve block to be considered.
  - Repeat therapeutic injections should be performed at a frequency of 2 months or longer provided at least 50% relief is obtained for a minimum of 2 months after the previous injection (Manchikanti, 2013).
- Conservative therapy:
  - For a diagnostic injection more than one month from the prior diagnostic injection, the patient is actively engaged in other forms of active conservative non-operative treatment, unless pain or another medical reason prevents the patient from participating in conservative therapy*.
  - For therapeutic injections, the patient is actively engaged in other forms of active conservative non-operative treatment, unless pain or another medical reason prevents the patient from participating in conservative therapy.*
**POLICY STATEMENT**

**BEFORE**

_red font: Verbiage removed_

- from participating in conservative therapy* (Qassem, 2017; Summers, 2013).

- In the diagnostic phase a maximum of 2 procedures may be performed. In the therapeutic phase a maximum of 4 procedures per region every 12 months except under unusual circumstances such as a recurrent injury.

- (NOTE: Unilateral facet blocks performed at the same level on the right vs. left within 2 weeks of each other would be considered as one procedure) (Manchikanti, 2013).

- If the procedures are applied for different regions, they may be performed at one week intervals for most types of procedures (Manchikanti, 2013).

Radiofrequency neurolysis procedures should be considered in patients with at least 70% pain relief or improved ability to function, from medial branch nerve blocks, but with insufficient sustained relief (less than 2-3 months improvement) (Manchikanti, 2013; Summers, 2013).

Diagnostic facet injections, performed on the same day as other injections, are not valid diagnostic procedures, and are not medically necessary.

**AFTER**

_blue font: Verbiage Changes/Additions_

- In the diagnostic phase, a maximum of 2 procedures may be performed. Repeat diagnostic injections are allowable if there is a question about the pain generator, different levels are to be targeted, or if there is surgery in the same spinal region.

- Repeat therapeutic injections should not be performed more frequently than every 2 months with a maximum of 4 injections in a 12-month period per spinal region (except under unusual circumstances, such as a recurrent injury).²

- If different spinal regions are being treated, injections should be administered at intervals of no sooner than 7 days unless a medical reason is provided to necessitate injecting multiple regions on the same date of service (see NOTE)²

- Unilateral injections performed at the same level on the right vs. left within 1 month of each other would be considered as one procedure toward the total number of facet procedures allowed per 12 months.²

Radiofrequency neurolysis procedures should be considered in individuals with successful medial branch nerve blocks (at least 70% pain relief or improved ability to function), but with insufficient sustained relief (less than 2-3 months improvement).², ⁴

**NOTE:** It is generally considered not medically necessary to perform multiple interventional pain procedures on the same date of service. Documentation of a medical reason to perform injections in different regions on the same day can be provided and will be considered on a case-by-case basis (i.e., holding anticoagulation therapy on two separate dates creates undue risk for the patient). Different types of injections in the same spinal region (cervical, thoracic, or lumbar) should not be done on the same day with the exception of a facet injection and ESI performed in the same session for a synovial cyst.

**Exclusions**

These requests are excluded from consideration under this guideline:

- Lateral branch blocks
### POLICY STATEMENT

<table>
<thead>
<tr>
<th>BEFORE</th>
<th>AFTER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contraindications for Facet Joint Injections:</strong>&lt;br&gt;• History of allergy to contrast administration, local anesthetics, steroids, or other drugs potentially utilized;&lt;br&gt;• Hypovolemia;&lt;br&gt;• Infection over puncture site;&lt;br&gt;• Bleeding disorders or coagulopathy;&lt;br&gt;• History of allergy to medications to be administered;&lt;br&gt;• Inability to obtain percutaneous access to the target facet joint;&lt;br&gt;• Progressive neurological disorder which may be masked by the procedure;&lt;br&gt;• Pregnancy;&lt;br&gt;• Spinal infection; <strong>OR</strong>&lt;br&gt;• Acute fracture</td>
<td><strong>Contraindications For Facet Joint Injections</strong>&lt;br&gt;• Occipital nerve blocks&lt;br&gt;• Active systemic or spinal infection&lt;br&gt;• Skin infection at the site of needle puncture&lt;br&gt;• Inability to obtain percutaneous access to the target facet joint</td>
</tr>
</tbody>
</table>