

<b>BSC_NIA_CG_301 Paravertebral Facet Joint Injections or Blocks (no U/S)</b>			
<b>Original Policy Date:</b>	January 1, 2017	<b>Effective Date:</b>	January 1, 2022
<b>Section:</b>	7.0 Surgery	<b>Page:</b>	Page 1 of 10

## Policy Statement

### Indications for Facet Joint Injections or Medial Branch Nerve Blocks (Cervical, Thoracic, Lumbar):

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:

- History, consisting of mainly axial or non-radicular pain unless stenosis is caused by synovial cyst (Khan, 2006; Manchikanti, 2013, 2009); **AND**
- Lack of evidence, either for discogenic or sacroiliac joint pain as the main pain generators (Manchikanti, 2013, 2009); **AND**
- 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**
- Pain causing functional disability or pain levels of  $\geq 6$  on a scale of 0 to 10 (Manchikanti, 2013, 2009; Summers, 2013); **AND**
- Duration of pain of at least **3 months** (Manchikanti, 2013, 2009); **AND**
- 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 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; Weinger, 2013).

**NOTE: Ultrasound guidance is not a covered benefit and a procedure performed using ultrasound guidance is not reimbursable.**

### 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  $\geq 6$  on a scale of 0 to 10 (Manchikanti, 2013, 2009; Summers, 2013).
  - Must have a positive response of  $\geq 50\%$  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\* (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.

#### Contraindications for Facet Joint Injections:

- History of allergy to contrast administration, local anesthetics, steroids, or other drugs potentially utilized;
- Hypovolemia;
- Infection over puncture site;
- Bleeding disorders or coagulopathy;
- History of allergy to medications to be administered;
- Inability to obtain percutaneous access to the target facet joint;
- Progressive neurological disorder which may be masked by the procedure;
- Pregnancy;
- Spinal infection; **OR**
- Acute fracture

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

### Policy Guidelines

**\*Conservative Therapy:** (Spine) should include a multimodality approach consisting of a combination of active and inactive components. Inactive components, such as rest, ice, heat, modified activities, medical devices, acupuncture or stimulators, medications, injections (including trigger point), and diathermy can be utilized. Active modalities consist of physical therapy, a physician supervised home exercise program\*\*, or chiropractic care (Qassem, 2017; Summers, 2013).

**\*\*Home Exercise Program** - (HEP) – the following two elements are required to meet guidelines for completion of conservative therapy:

- Documentation provided of an exercise prescription/plan (Qassem, 2017; Sculco, 2001); **AND**
- Follow up with member with documentation provided regarding completion of HEP, (after suitable 6-week period) or inability to complete HEP due to physical reason- i.e., increased pain, 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.

**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 zygapophysial 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.

### 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 patients with chronic spinal pain. In patients with chronic low back pain, facet joints have been implicated as a cause of the pain in 15% to 45% of patients. Facet joints are considered as the cause of chronic spinal pain in 48% of patients with thoracic pain and 54% to 67% of patients 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, 1933) and 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 patients 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 about two-thirds 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 patients 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 patient must understand the procedure and its potential risks and results. Facet joint injections or medial branch nerve blocks require guidance imaging.

## References

1. Agency for Healthcare and Research Quality (AHRQ) National Guideline Clearinghouse. Low Back Pain Medical Treatment Guidelines 2013.
2. Amrhein TJ, Joshi AB, Kranz PG, et al. Technique for CT fluoroscopy-guided lumbar medial branch blocks and radiofrequency ablation. *AJR Am J Roentgenol*. 2016 Sep; 207(3):631-4.
3. Bykowski JL, Wong WHW. Role of facet joints in spine pain and image-guided treatment: A review. *AJNR Am J Neuroradiol*. 2012 Sept; 33:1419-26.
4. Datta S, Lee M, Falco FJE, et al. Systematic assessment of diagnostic accuracy and therapeutic utility of lumbar facet joint interventions. *Pain Physician*. 2009; 12(2):437-460. <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0027734>.
5. Falco FJE, Erhart S, Wargo BW, et al. Systematic review of diagnostic utility and therapeutic effectiveness of cervical facet joint interventions. *Pain Physician*. 2009; 12(2):323-344.
6. Ghormley RK. Low-back pain with special reference to the articular facets, with presentation of an operative procedure. *JAMA*. 1933; 101:1773-7.
7. Khan A, Girardi F. Spinal lumbar synovial cysts. Diagnosis and management challenge. *Eur Spine J*. 2006; 15(8):1176-1182.
8. Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques of chronic spinal pain: Part II: Guidance and recommendations. *Pain Physician*. 2013; 16(2 suppl): S49-S283.
9. Manchikanti L, Boswell MV, Singh V, et al. Comprehensive evidence-based guidelines for interventional techniques in the management of chronic spinal pain. *Pain Physician*. 2009; 12(4): 699-802.
10. Manchikanti L, Singh V, Falco FJE, et al. Evaluation of lumbar facet joint nerve blocks in managing chronic low back pain: A randomized, double-blind, controlled trial with a 2-year follow-up. *Int J Med Science*. 2010; 7(3):124-135. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2880841>.
11. Manchikanti L, Pampati V, Singh V, et al. Explosive growth of facet joint interventions in the medicare population in the United States: A comparative evaluation of 1997, 2002, and 2006 data. *BMC Health Serv Research*. 2010; 10:84. doi: 10.1186/1472-6963-10-84.
12. Qassem A, Wilt TJ, McLean RM, et al. Noninvasive treatments for acute, subacute and chronic low back pain: A clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2017; 166(7).
13. Sculco AD, Paup DC, Fernhall B, et al. Effects of aerobic exercise on low back pain patients in treatment. *Spine J*. 2001; 1(2):95-101.
14. Summers, Jeffrey. International Spine Intervention Society Recommendations for treatment of Cervical and Lumbar Spine Pain, November 14, 2013.

15. Weininger M, Mills JC, Rumboldt Z, et al. Accuracy of CT guidance of lumbar facet joint block. *AJR Am J Roentgenol.* 2013 Mar; 200(3):673-6.

## Documentation for Clinical Review

### Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Diagnosis, 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.*

Type	Code	Description
CPT®	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
	0214T	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)
	0215T	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)
	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
	0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with

Type	Code	Description
		ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)
	0218T	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)
	64490	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
	64491	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)
	64492	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)
	64493	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
	64494	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)
	64495	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)
HCPCS	None	

### Policy History

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

Effective Date	Action
01/01/2017	Adoption of National Imaging Associates (NIA) Clinical Guidelines
07/01/2018	NIA Clinical Guideline update
07/01/2019	NIA Clinical Guideline update
07/01/2020	Annual NIA clinical guideline update.
03/01/2021	Annual NIA clinical guideline update. Policy title changed Paravertebral Facet Joint Injections or Blocks to current one.
01/01/2022	Annual NIA clinical guideline update.

### 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 (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](http://www.blueshieldca.com/provider).

*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.*

**Appendix A**

POLICY STATEMENT	
BEFORE <i>Red font: Verbiage removed</i>	AFTER <i>Blue font: Verbiage Changes/Additions</i>
<p>Paravertebral Facet Joint Injections or Blocks (no U/S) BSC_NIA_CG_301</p> <p><b>Policy Statement:</b>  <b>Indications for Facet Joint Injections or Medial Branch Nerve Blocks (Cervical, Thoracic, Lumbar):</b>                      To confirm disabling non-radicular low back (lumbar), mid back (thoracic) or neck (cervical) pain*, suggestive of facet joint origin as documented in the medical record based upon <b>ALL</b> of the following:</p> <ul style="list-style-type: none"> <li>• History, consisting of mainly axial or non-radicular pain unless stenosis is caused by synovial cyst (Khan, 2006; Manchikanti, 2013, 2009); <b>AND</b></li> <li>• Lack of evidence, either for discogenic or sacroiliac joint pain as the main pain generators (Manchikanti, 2013, 2009); <b>AND</b></li> <li>• 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); <b>AND</b></li> <li>• Pain causing functional disability or pain levels of <math>\geq 6</math> on a scale of 0 to 10 (Manchikanti, 2013, 2009; Summers, 2013); <b>AND</b></li> <li>• Duration of pain of at least <b>3 months</b> (Manchikanti, 2013, 2009); <b>AND</b></li> <li>• 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 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, 2014); <b>AND</b></li> <li>• All procedures must be performed using fluoroscopic or CT guidance (Amrhein, 2016; Weininger, 2013).</li> </ul> <p><b>NOTE: Ultrasound guidance is not a covered benefit and a procedure performed using ultrasound guidance is not reimbursable.</b></p> <p>Frequency of Facet Block:</p>	<p>Paravertebral Facet Joint Injections or Blocks (no U/S) BSC_NIA_CG_301</p> <p><b>Policy Statement:</b>  <b>Indications for Facet Joint Injections or Medial Branch Nerve Blocks (Cervical, Thoracic, Lumbar):</b>                      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 <b>ALL</b> of the following:</p> <ul style="list-style-type: none"> <li>• History, consisting of mainly axial or non-radicular pain unless stenosis is caused by synovial cyst (Khan, 2006; Manchikanti, 2013, 2009); <b>AND</b></li> <li>• Lack of evidence, either for discogenic or sacroiliac joint pain as the main pain generators (Manchikanti, 2013, 2009); <b>AND</b></li> <li>• 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); <b>AND</b></li> <li>• Pain causing functional disability or pain levels of <math>\geq 6</math> on a scale of 0 to 10 (Manchikanti, 2013, 2009; Summers, 2013); <b>AND</b></li> <li>• Duration of pain of at least <b>3 months</b> (Manchikanti, 2013, 2009); <b>AND</b></li> <li>• 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 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); <b>AND</b></li> <li>• All procedures must be performed using fluoroscopic or CT guidance (Amrhein, 2016; Weininger, 2013).</li> </ul> <p><b>NOTE: Ultrasound guidance is not a covered benefit and a procedure performed using ultrasound guidance is not reimbursable.</b></p> <p>Frequency of Facet Block:</p>



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<ul style="list-style-type: none"> <li>• There must be <b>a minimum of 14 days</b> between injections or <b>7 days</b> if the most recent injection was diagnostic facet nerve blocks with local anesthetic only (Manchikanti, 2013).</li> <li>• The patient continues to have ongoing pain or documented functional disability                         <ul style="list-style-type: none"> <li>○ Pain causing functional disability or pain level <math>\geq 6</math> on a scale of 0 to 10 (Manchikanti, 2013, 2009; Summers, 2013).</li> <li>○ Must have a positive response of <math>\geq 50\%</math> pain relief or improved ability to function or a change in technique, for example from an initial intraarticular facet block to a medial branch nerve block to be considered.</li> <li>○ 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).</li> </ul> </li> <li>• Conservative therapy                         <ul style="list-style-type: none"> <li>○ 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*</li> <li>○ 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* (Qassem, 2017; Summers, 2013).</li> </ul> </li> <li>• <b>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.</b> (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).</li> <li>• If the procedures are applied for different regions, they may be performed at one week intervals for most types of procedures (Manchikanti, 2013).</li> <li>• <b>Radiofrequency</b> neurolysis procedures should be considered in patients with <b>at least 70% pain</b> relief or improved ability to</li> </ul>	<ul style="list-style-type: none"> <li>• There must be <b>a minimum of 14 days</b> between injections or <b>7 days</b> if the most recent injection was diagnostic facet nerve blocks with local anesthetic only (Manchikanti, 2013).</li> <li>• The patient continues to have ongoing pain or documented functional disability                         <ul style="list-style-type: none"> <li>○ Pain causing functional disability or pain level <math>\geq 6</math> on a scale of 0 to 10 (Manchikanti, 2013, 2009; Summers, 2013).</li> <li>○ Must have a positive response of <math>\geq 50\%</math> pain relief or improved ability to function or a change <b>levels or</b> in technique, for example from an initial intraarticular facet block to a medial branch nerve block to be considered.</li> <li>○ 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).</li> </ul> </li> <li>• Conservative therapy                         <ul style="list-style-type: none"> <li>○ 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*</li> <li>○ 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* (Qassem, 2017; Summers, 2013).</li> </ul> </li> <li>• <b>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.</b> (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).</li> <li>• If the procedures are applied for different regions, they may be performed at one week intervals for most types of procedures (Manchikanti, 2013).</li> <li>• <b>Radiofrequency</b> neurolysis procedures should be considered in patients with <b>at least 70% pain</b> relief or improved ability to</li> </ul>

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<p>function, from medial branch nerve blocks, but with insufficient sustained relief (less than 2-3 months improvement) (Manchikanti, 2013; Summers, 2013).</p> <p><b>Contraindications for Facet Joint Injections:</b></p> <ul style="list-style-type: none"> <li>• History of allergy to contrast administration, local anesthetics, steroids, or other drugs potentially utilized;</li> <li>• Hypovolemia;</li> <li>• Infection over puncture site;</li> <li>• Bleeding disorders or coagulopathy;</li> <li>• History of allergy to medications to be administered;</li> <li>• Inability to obtain percutaneous access to the target facet joint;</li> <li>• Progressive neurological disorder which may be masked by the procedure;</li> <li>• Pregnancy;</li> <li>• Spinal infection; <b>OR</b></li> <li>• Acute fracture</li> </ul>	<p>function, from medial branch nerve blocks, but with insufficient sustained relief (less than 2-3 months improvement) (Manchikanti, 2013; Summers, 2013).</p> <p>Diagnostic facet injections, performed on the same day as other injections, are not valid diagnostic procedures, and are not medically necessary.</p> <p><b>Contraindications for Facet Joint Injections:</b></p> <ul style="list-style-type: none"> <li>• History of allergy to contrast administration, local anesthetics, steroids, or other drugs potentially utilized;</li> <li>• Hypovolemia;</li> <li>• Infection over puncture site;</li> <li>• Bleeding disorders or coagulopathy;</li> <li>• History of allergy to medications to be administered;</li> <li>• Inability to obtain percutaneous access to the target facet joint;</li> <li>• Progressive neurological disorder which may be masked by the procedure;</li> <li>• Pregnancy;</li> <li>• Spinal infection; <b>OR</b></li> <li>• Acute fracture</li> </ul>