



## Clinical Medical Policy Radio Frequency Facet Joint Denervation

### Benefit Coverage:

This clinical medical policy addresses coverage of radiofrequency ablation (rhizotomy) of the median branch of a spinal sensory nerve to treat pain arising from the spinal facet joint. Rhizotomy will only be considered for a patient whose history and physical confirms pain originating from the facet joint, who has a positive response to a median nerve block with local anesthetic, and who has had a positive but limited response to steroid injection into the facet joint.

### Description:

Radiofrequency ablation of nerve fibers of the median branch of a spinal sensory nerve is a modality for treating pain arising from the spinal facet joints. Radiofrequency pulses are delivered through a needle which is inserted under fluoroscopic guidance. Anesthesia, beyond local anesthetic, is contraindicated.

Neighborhood's expectation is that radio frequency facet joint denervation is part of a comprehensive pain management strategy, which may include but is not limited to physical/occupational therapy, weight loss, smoking cessation, and pharmacologic management of pain.

Activities of Daily Living (ADLs) are defined as activities related to personal care and include bathing or showering, dressing, getting in or out of bed or a chair, using the toilet, and eating. Age appropriateness of these activities is considered when determining medical necessity.

### Coverage Determination:

All radiofrequency ablation procedures require prior authorization.  
Retroactive requests for procedures already done may not be approved.

All requests are to be submitted on Neighborhood's *Pain Management Prior Authorization Patient Information Form*, available on Neighborhood's website, [www.nhpri.org](http://www.nhpri.org)

Requests with incomplete information will be returned for completion prior to review.

1. History and clinical exam including appropriate provocative diagnostic tests must be submitted for each spinal level to be treated.
2. Patient must have history of positive but limited response to steroid injections into the facet joint.
3. Prior to consideration of rhizotomy, the patient must have a positive response to a median nerve block with 0.2-0.5 cc of either a short acting or long acting local



## Clinical Medical Policy Radio Frequency Facet Joint Denervation

anesthetic agents at the level to be treated. Test block injection is done with local anesthetic alone, without steroids.

4. Requests for retreatment of a site > than six months from the initial injection date require documentation of an overall pain management strategy including: smoking cessation, weight loss, counseling or physical therapy.
5. No more than two spinal levels may be treated per visit. Bilateral treatment is allowed.
6. Re treatment may not be done less than 6 months from initial rhizotomy.
  
7. Treatment may only be performed under local anesthesia.
8. AMD review is required for any of the following circumstances:
  - a. Treatment of more than 2 spinal levels per visit
  - b. More than one treatment per site in six months or treatments to more than two spinal levels in six months.
  - c. Request for sedation or anesthesia for the procedure beyond use of local anesthetic agent.
  - d. Requested rhizotomy procedure is to be done on the same visit as other spinal joint treatments, including steroid injections.
  - e. Response to test nerve block is inadequate to determine need for procedure.
  - f. No comprehensive pain management treatment plan is documented

### **Criteria:**

Documentation of all of the following is required for consideration of prior authorization:

1. History and physical exam must be consistent with pain originating in the facet joint including appropriate provocative testing and documentation of functional impairment secondary to pain. It should be part of a comprehensive pain management strategy. Functional impairment may include: performance of ADL's, ability to work, drive, sleep, interact socially, reliance on pain medication.
2. Clinician has documented a comprehensive pain management strategy (smoking cessation, weight loss, physical therapy, or counseling.)
3. For additional treatments the following additional documentation is required. There must be a minimum of 6 months since RF treatment of vertebral level being treated, and
  - a. Physician must document date, clinical response, and duration of response from initial treatment
  - b. Clinical response should reflect measurable functional improvement from initial presentation in activities such as:
    - returning to work
    - sleeping
    - performing ADL's
    - increased social activities, and/or
    - decreased need for pain medication.



## Clinical Medical Policy Radio Frequency Facet Joint Denervation

e. History and physical exam criteria for initial series must be met.

### Covered Procedures:

### Exclusions:

Radiofrequency nerve ablation will not be covered under the following circumstances:

1. Patient's history and physical exam do not support a diagnosis of facet joint inflammation.
2. The patient has not had an adequate response to a test injection of the median branch of the spinal nerve with local anesthetic.
3. The patient has not had a previous injection which produced a positive but limited response.
4. Retreatment is being requested, and clinician has not documented outcome of prior treatments (quality and duration of improvement), or if clinician has not documented implementation of other pain management strategies.

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*CMP Number:* CMP-043.00

*CMP Cross Reference:*

### *References:*

#### *References:*

Hayes, Inc. Hayes Medical Technology Directory. Radiofrequency Ablation for chronic low back pain. Landale, PA: Hayes, Inc.; March 2007

Gofeld M et al. Radiofrequency denervation of the lumbar zygapophysial joints: 10 year prospective clinical audit. Pain Physician. 2007 March;10(2):291-300

Manchikanti L. Medial branch neurotomy in management of chronic spinal pain. Pain Physician 2003;6:3081

Niemisto L. Radiofrequency denervation for neck and back pain (Cochrane Review). Cochrane Library, issue 3, 2004.

Department of Health and Human Services, Office of Inspector General. "Medicare Payments for Facet Joint Injection Services." Sept. 2008.

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