

MEDICAL POLICY

POLICY TITLE	FACET JOINT INJECTIONS AND MEDIAL BRANCH BLOCKS
POLICY NUMBER	MP 4.050
CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective date:	5/1/2026

POLICY

NOTE: Documentation of the usage of validated patient focused pain intensity assessment scales (such as Numeric Rating Scales, Visual Analog Scales, Verbal Rating Scales, the *Faces Pain Scale*, or the *Pain Thermometer*) is considered **medically necessary** when determining different levels of pain sensation during medical management.

Facet Joint Injections/Medial Branch Blocks

Initial Diagnostic Facet Joint Injection/Medial Branch Block

Facet joint injections/medial branch blocks may be considered **medically necessary** for lumbar or cervical pain lasting more than 3 months, despite appropriate conservative treatment, as a diagnostic procedure to determine whether the pain is of facet joint origin.

Second Diagnostic Facet Joint Injection/Medial Branch Block

A second diagnostic facet joint injection/medial branch block may be considered **medically necessary** when all the following criteria are met:

- The initial diagnostic injection was successful at relieving pain (see policy guidelines); AND
- The second diagnostic injection will be administered at the same level(s) as the initial diagnostic block; AND
- Radiofrequency joint denervation is being considered.

Therapeutic Facet Joint Injection/Medial Branch Block

Therapeutic facet joint injections/medial branch blocks may be considered **medically necessary** when all the following criteria are met:

- There is documented successful response with 2 sequential diagnostic facet joint injections/medial branch blocks at the same level(s); AND
- The individual is not a candidate for radiofrequency joint denervation; AND
- For subsequent therapeutic blocks there was a successful response to the prior therapeutic injection for at least 3 months duration; AND

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- For each spinal region, a maximum of 4 therapeutic facet joint sessions are medically necessary in a 12-month period.

Facet joint injection/medial branch block, diagnostic or therapeutic, for any indication other than the ones listed above is considered **investigational**. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Ultrasound guidance for facet joint injections is considered **investigational**. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Policy Guidelines

Facet Joint Injections/Medial Branch Blocks

Conservative therapies may include medications (e.g., non-steroidal anti-inflammatory drugs, antidepressants), physical treatments (exercise, heat or cold therapy, massage, physical therapy), integrative treatments (acupuncture, spinal manipulation if indicated) and others (nutrition, weight loss, sleep hygiene).

A successful block refers to a sustained meaningful reduction in pain. This is subjective but often defined as a 20-point improvement on a 0-to-100 visual analog scale or a 50% improvement using a validated scale.

Cross-reference:

MP 4.014 Epidural Steroid Injections for Back Pain

MP 5.049 Facet Joint Denervation

PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations. Please see additional information below.

FEP PPO - Refer to FEP medical policy manual. The FEP medical policy manual can be found at: fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies.

DESCRIPTION/BACKGROUND

Facet Joint Injections/Medial Branch Blocks

Facet joint injections, also known as intra-articular injections (IA), are a minimally invasive procedure in which a physician injects a small amount of anesthetic, which may or may not contain a steroid, to numb the facet joint. An appropriately performed IA facet joint injection, in which the medication is only distributed to the joint capsule, can help to diagnosis facet joint pain. If the pain goes away after the IA injection, or is significantly decreased, then the facet joint can be determined to be the source of pain. While a good diagnostic tool for facet-mediated pain, IA is less predictive than medial branch blocks to medial branch radiofrequency ablation.

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Medial branch blocks (MBB) are also used to diagnose facet joint pain and may or may not contain a steroid. MBB may not achieve the level of specificity that an appropriately performed IA injection can. This is due to the fact that the medial branch is not encapsulated, and the medication can result in anesthesia of not only the medial branch, but also anesthesia of other nerves in close proximity. This could potentially result in non-selective neural blockade and a false-positive result. Even though this is a known possibility, MBB is an acceptable diagnostic test, and it is usually the preferred test when lumbar facet radiofrequency ablation is being considered. When used as a tool before lumbar facet neurolysis, MBB may be associated with a higher success rate than IA injections.

Once the facet joint has been determined to be the source of pain, a series of injections may be needed to establish consistency of results, especially if diagnostic facet joint injections/medial branch blocks are followed by neurolysis.

Image guidance has become an essential component of performing spinal procedures in pain management. For MBB and IA facet joint injections, fluoroscopy and to a lesser degree, CT guidance are most commonly used. The use of imaging allows accurate needle placement ensuring the lowest volume of anesthetic is administered, thereby reducing spread to surrounding tissues which may lead to false-positive results. Image guidance also improves safety as it helps to avoid unnecessary injury.

RATIONALE

For individuals who have back or neck pain who receive facet joint injections/medial branch blocks, the clinical evidence for the efficacy of these injections is considered limited. Based on consensus practice guidelines and standards of care for those in chronic pain, the evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

DEFINITIONS

FACET JOINT refers to one of the zygapophyseal joints of the vertebral column between the articulating facets of each pair of vertebrae.

NERVE BLOCK refers to interruption of the conduction of impulses to peripheral nerves or nerve trunks by the injection of a local anesthetic solution.

NUMERIC PAIN RATING SCALE: A pain assessment system in which patients are asked to rate their pain on a scale from 1 to 10, with 10 representing the worst pain they have experienced or could imagine.

VISUAL ANALOG SCALE (VAS): A graphic scale that helps a patient to quantify pain, depression, and other subjective and otherwise unmeasurable states or conditions.

ZYGAPOPHYSEAL concerns a zygapophysis, one of the articular processes of a neural arch of a vertebra.

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DISCLAIMER

Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as permitted by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These policies are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational; therefore, not covered, ultrasound guidance for facet joint injections:

Procedure Codes							
0213T	0214T	0215T	0216T	0217T	0218T		

Covered when medically necessary:

Procedure Codes							
64490	64491	64492	64493	64494	64495		

ICD-10-CM Diagnosis Codes	Description
G54.1	Lumbosacral plexus disorders
G54.2	Cervical root disorders, not elsewhere classified
G54.3	Thoracic root disorders, not elsewhere classified
G54.4	Lumbosacral root disorders, not elsewhere classified
M08.1	Juvenile ankylosing spondylitis
M43.22	Fusion of spine, cervical region
M43.23	Fusion of spine, cervicothoracic region

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ICD-10-CM Diagnosis Codes	Description
M43.24	Fusion of spine, thoracic region
M43.25	Fusion of spine, thoracolumbar region
M43.26	Fusion of spine, lumbar region
M43.27	Fusion of spine, lumbosacral region
M43.28	Fusion of spine, sacral and sacrococcygeal region
M45.0	Ankylosing spondylitis of multiple sites in spine
M45.2	Ankylosing spondylitis of cervical region
M45.3	Ankylosing spondylitis of cervicothoracic region
M45.4	Ankylosing spondylitis of thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M45.6	Ankylosing spondylitis lumbar region
M45.7	Ankylosing spondylitis of lumbosacral region
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region
M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine
M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
M45.A2	Non-radiographic axial spondyloarthritis of cervical region
M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine
M46.02	Spinal enthesopathy, cervical region
M46.03	Spinal enthesopathy, cervicothoracic region
M46.04	Spinal enthesopathy, thoracic region
M46.05	Spinal enthesopathy, thoracolumbar region
M46.06	Spinal enthesopathy, lumbar region
M46.07	Spinal enthesopathy, lumbosacral region
M46.08	Spinal enthesopathy, sacral and sacrococcygeal region
M46.09	Spinal enthesopathy, multiple sites in spine
M46.1	Sacroilitis, not elsewhere classified
M47.012	Anterior spinal artery compression syndromes, cervical region
M47.013	Anterior spinal artery compression syndromes, cervicothoracic region
M47.014	Anterior spinal artery compression syndromes, thoracic region

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ICD-10-CM Diagnosis Codes	Description
M47.015	Anterior spinal artery compression syndromes, thoracolumbar region
M47.016	Anterior spinal artery compression syndromes, lumbar region
M47.022	Vertebral artery compression syndromes, cervical region
M47.12	Other spondylosis with myelopathy, cervical region
M47.13	Other spondylosis with myelopathy, cervicothoracic region
M47.14	Other spondylosis with myelopathy, thoracic region
M47.15	Other spondylosis with myelopathy, thoracolumbar region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.22	Other spondylosis with radiculopathy, cervical region
M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.04	Spinal stenosis, thoracic region
M48.05	Spinal stenosis, thoracolumbar region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication

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ICD-10-CM Diagnosis Codes	Description
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
M48.08	Spinal stenosis, sacral and sacrococcygeal region
M48.8X2	Other specified spondylopathies, cervical region
M48.8X3	Other specified spondylopathies, cervicothoracic region
M48.8X4	Other specified spondylopathies, thoracic region
M48.8X5	Other specified spondylopathies, thoracolumbar region
M48.8X6	Other specified spondylopathies, lumbar region
M48.8X7	Other specified spondylopathies, lumbosacral region
M48.8X8	Other specified spondylopathies, sacral and sacrococcygeal region
M50.01	Cervical disc disorder with myelopathy, high cervical region
M50.021	Cervical disc disorder at C4-C5 level with myelopathy
M50.022	Cervical disc disorder at C5-C6 level with myelopathy
M50.023	Cervical disc disorder at C6-C7 level with myelopathy
M50.03	Cervical disc disorder with myelopathy, cervicothoracic region
M50.11	Cervical disc disorder with radiculopathy, high cervical region
M50.121	Cervical disc disorder at C4-C5 level with radiculopathy
M50.122	Cervical disc disorder at C5-C6 level with radiculopathy
M50.123	Cervical disc disorder at C6-C7 level with radiculopathy
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M50.21	Other cervical disc displacement, high cervical region
M50.221	Other cervical disc displacement at C4-C5 level
M50.222	Other cervical disc displacement at C5-C6 level
M50.223	Other cervical disc displacement at C6-C7 level
M50.23	Other cervical disc displacement, cervicothoracic region
M50.31	Other cervical disc degeneration, high cervical region
M50.321	Other cervical disc degeneration at C4-C5 level
M50.322	Other cervical disc degeneration at C5-C6 level
M50.323	Other cervical disc degeneration at C6-C7 level
M50.33	Other cervical disc degeneration, cervicothoracic region
M50.81	Other cervical disc disorders, high cervical region
M50.821	Other cervical disc disorders at C4-C5 level
M50.822	Other cervical disc disorders at C5-C6 level
M50.823	Other cervical disc disorders at C5-C6 level
M50.83	Other cervical disc disorders, cervicothoracic region

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ICD-10-CM Diagnosis Codes	Description
M51.04	Intervertebral disc disorders with myelopathy, thoracic region
M51.05	Intervertebral disc disorders with myelopathy, thoracolumbar region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.34	Other intervertebral disc degeneration, thoracic region
M51.35	Other intervertebral disc degeneration, thoracolumbar region
M51.360	Other intervertebral disc degeneration, lumbar region with discogenic back pain only
M51.361	Other intervertebral disc degeneration, lumbar region with lower extremity pain only
M51.362	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain
M51.369	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain
M51.370	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain only
M51.371	Other intervertebral disc degeneration, lumbosacral region with lower extremity pain only
M51.372	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain
M51.379	Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or lower extremity pain
M51.84	Other intervertebral disc disorders, thoracic region
M51.85	Other intervertebral disc disorders, thoracolumbar region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M53.2X7	Spinal instabilities, lumbosacral region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.82	Other specified dorsopathies, cervical region

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ICD-10-CM Diagnosis Codes	Description
M53.83	Other specified dorsopathies, cervicothoracic region
M53.84	Other specified dorsopathies, thoracic region
M53.85	Other specified dorsopathies, thoracolumbar region
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.2	Cervicalgia
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
M54.6	Pain in thoracic spine
M54.89	Other dorsalgia
M62.830	Muscle spasm of back
M62.85	Dysfunction of the multifidus muscles, lumbar region
M96.1	Post-laminectomy syndrome, not elsewhere classified
M99.21	Subluxation stenosis of neural canal of cervical region
M99.22	Subluxation stenosis of neural canal of thoracic region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.24	Subluxation stenosis of neural canal of sacral region
M99.31	Osseous stenosis of neural canal of cervical region
M99.32	Osseous stenosis of neural canal of thoracic region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.34	Osseous stenosis of neural canal of sacral region
M99.41	Connective tissue stenosis of neural canal of cervical region
M99.42	Connective tissue stenosis of neural canal of thoracic region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.44	Connective tissue stenosis of neural canal of sacral region
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.52	Intervertebral disc stenosis of neural canal of thoracic region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region

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ICD-10-CM Diagnosis Codes	Description
M99.54	Intervertebral disc stenosis of neural canal of sacral region
M99.61	Osseous and spondylooligostenosis of intervertebral foramina of cervical region
M99.62	Osseous and spondylooligostenosis of intervertebral foramina of thoracic region
M99.63	Osseous and spondylooligostenosis of intervertebral foramina of lumbar region
M99.64	Osseous and spondylooligostenosis of intervertebral foramina of sacral region
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region
M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
M99.74	Connective tissue and disc stenosis of intervertebral foramina of sacral region
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter
S13.8XXA	Sprain of joints and ligaments of other parts of neck, initial encounter
S13.8XXD	Sprain of joints and ligaments of other parts of neck, subsequent encounter
S14.2XXA	Injury of nerve root of cervical spine, initial encounter
S14.2XXD	Injury of nerve root of cervical spine, subsequent encounter
S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
S16.1XXD	Strain of muscle, fascia and tendon at neck level, subsequent encounter
S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
S23.3XXD	Sprain of ligaments of thoracic spine, subsequent encounter
S24.2XXA	Injury of nerve root of thoracic spine, initial encounter
S24.2XXD	Injury of nerve root of thoracic spine, subsequent encounter
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXD	Sprain of sacroiliac joint, subsequent encounter
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.8XXD	Sprain of other parts of lumbar spine and pelvis, subsequent encounter
S34.21XA	Injury of nerve root of lumbar spine, initial encounter
S34.21XD	Injury of nerve root of lumbar spine, subsequent encounter
S34.22XA	Injury of nerve root of sacral spine, initial encounter
S34.22XD	Injury of nerve root of sacral spine, subsequent encounter

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ICD-10-CM Diagnosis Codes	Description
S34.4XXA	Injury of lumbosacral plexus, initial encounter
S34.4XXD	Injury of lumbosacral plexus, subsequent encounter

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POLICY HISTORY

MP 4.050	11/18/2025 Major Review. Facet Joint Injections/medial branch block indications and procedure codes taken from MP 4.014 and placed into this new policy.

Health care benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company[®], Capital Advantage Assurance Company[®] and Keystone Health Plan[®] Central. Independent licensees of the Blue Cross BlueShield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.