MEDICAL POLICY

POLICY TITLE	FACET JOINT DENERVATION
POLICY NUMBER	MP-5.049

Effective Date:	12/1/2023

I. POLICY

Non-pulsed radiofrequency denervation of cervical, thoracic, lumbar or lumbosacral facet joints **for a first time treatment** is considered **medically necessary** when **ALL** the following criteria are met:

- No prior spinal fusion surgery in the vertebral level being treated; **AND**
- Disabling low back (lumbar or lumbosacral) or neck (cervical) pain, suggestive of facet joint origin and is not primarily from nerve root compression/radicular in nature; **AND**
- Other treatable causes of pain (examples include, but are not limited to, tumors, infections, herniated discs, fracture) have been ruled out; **AND**
- Pain has failed to respond to three (3) months of conservative management, which may consist of therapies such as nonsteroidal anti-inflammatory medications, acetaminophen, manipulation, physical therapy, and a home exercise program; **AND**
- There has been a successful trial of controlled diagnostic medial branch blocks consisting of 2 separate positive blocks on different days (see Policy Guidelines)

Non-pulsed radiofrequency denervation of cervical, thoracic, lumbar or lumbosacral facet joints **for a repeat treatment** is considered **medically necessary** when **BOTH** of the following are met:

- This procedure was previously performed and found beneficial (> 50% reduction in reported pain level) **AND**
- It has been at least 6 months since the last radiofrequency ablation at the requested level on the requested side

If there has been a prior successful radiofrequency denervation, additional diagnostic medial branch blocks for the same level of the spine are **not medically necessary.**

Therapeutic medial branch blocks are considered **not medically necessary.**

Radiofrequency denervation is considered **investigational** for the treatment of chronic spinal/back pain for all uses that do not meet the criteria listed above.

All other methods of denervation are considered **investigational** for the treatment of chronic spinal/back pain, including, but not limited to pulsed radiofrequency denervation, laser denervation, chemodenervation (e.g., alcohol, phenol, or high-concentration local anesthetics), or cryodenervation.

There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits for the above **investigational** procedures.

Policy Guidelines

A successful trial of controlled diagnostic medial branch blocks consists of 2 separate positive blocks on different days with local anesthetic only (no steroids or other drugs) or a placebo-controlled series of blocks, under fluoroscopic guidance, that has resulted in a sustained meaningful reduction in pain (often defined as 50%) for the duration of the local anesthetic used (e.g., 3 hours longer with bupivacaine than lidocaine). No therapeutic intra-articular injections (i.e., steroids, saline, or other substances) should be administered for a period of at least 4 weeks prior to the diagnostic medial branch block. Diagnostic blocks should involve the levels being considered for radiofrequency ablation treatment and should not be conducted under intravenous sedation unless specifically indicated (e.g., the patient is unable to cooperate with the procedure). These diagnostic blocks should be targeted to the likely pain generator. Single level blocks lead to more precise diagnostic information, but multiple single level blocks require several visits and additional exposure to radiation.

Cross-reference:

MP 5.048 Diagnosis and Treatment of Sacroiliac Joint Pain

MP 4.014 Epidural Steroid Injections for Back Pain and Facet Nerve Blocks

II. PRODUCT VARIATIONS

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

FEP PPO: Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies.

III. DESCRIPTION/BACKGROUND

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Percutaneous radiofrequency (RF) facet denervation is used to treat neck or back pain originating in facet joints with degenerative changes. Diagnosis of facet joint pain is confirmed by response to nerve blocks. The goal of facet denervation is long-term pain relief. However, the nerves regenerate and, therefore, repeat procedures may be required.

Facet joint denervation is performed under local anesthetic and with fluoroscopic guidance. A needle or probe is directed to the median branch of the dorsal ganglion in nervating the facet joint, where multiple thermal lesions are produced, typically by a radiofrequency (RF) generator. A variety of terms may be used to describe RF denervation (e.g., rhizotomy, rhizolysis). In addition, the structures to which the RF energy is directed may be referred to as facet joint, facet nerves, medial nerve or branch, median nerve or branch, or dorsal root ganglion.

Alternative methods of denervation include pulsed RF, laser, chemodenervation, and cryoablation. Pulsed RF consists of short bursts of electrical current of high voltage in the RF range but without heating the tissue enough to cause coagulation. RF is suggested as a possibly safer alternative to thermal RF facet denervation. Temperatures do not exceed 42°C at the probe tip versus temperatures in the 60° C range reached in thermal RF denervation, and tissues may cool between pulses. It is postulated that transmission across small unmyelinated nerve fibers is disrupted but not permanently damaged, while large myelinated fibers are not affected. With chemical denervation, injections with a diluted phenol solution, a chemical ablating agent, are injected into the facet joint nerve.

Regulatory Status

A number of RF generators and probes have been cleared for marketing through the U.S. Food and Drug Administration's (FDA) 510(k) process. In 2005, the SInergy® (Kimberly Clark/Baylis), a water-cooled single-use probe, was cleared by the FDA, listing the Baylis Pain Management Probe as a predicate device. The intended use is with an RF generator to create RF lesions in nervous tissue.

FDA product code: GXD.

IV. RATIONALE

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Summary of Evidence

For individuals who have suspected facet joint pain who receive diagnostic medial branch blocks, the evidence includes systematic reviews, a small randomized trial, and observational studies. Relevant outcomes are other test performance measures, symptoms, and functional outcomes. There is considerable controversy about the role of these blocks, the number of positive blocks required, and the extent of pain relief obtained. Studies have reported the use of single or double blocks and at least 50% or 80% improvement in pain and function. This evidence has suggested that there are relatively few patients who exhibit pain relief following 2 nerve blocks, but that these select patients may have pain relief for several months following RF denervation. Other large series have reported the prevalence and false-positive rates following controlled diagnostic blocks, although there are issues with the reference standards used in these studies because there is no criterion standard for the diagnosis of facet joint pain. There is level I evidence for the use of medial branch blocks for diagnosing chronic lumbar facet joint pain and level II evidence for diagnosing cervical and thoracic facet joint pain. The evidence available supports a threshold of at least 75% to 80% pain relief to reduce the false-positive rate. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have facet joint pain who receive RF ablation, the evidence includes systematic reviews and randomized controlled trials. Relevant outcomes are symptoms, functional outcomes, quality of life, and medication use. While the evidence is limited to randomized controlled trials with small sample sizes, RF facet denervation appears to provide at least 50% pain relief in carefully selected patients. Diagnosis of facet joint pain is difficult. However, response to controlled medial branch blocks and the presence of tenderness over the facet joint appear to be reliable predictors of success. When RF facet denervation is successful, repeat treatments appear to have similar success rates and duration of pain relief. Thus, the data indicate that, in carefully selected individuals with lumbar or cervical facet joint pain, RF

treatments can improve outcomes. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have facet joint pain who receive therapeutic medial nerve branch blocks or alternative methods of facet joint denervation, the evidence includes a systematic review, randomized trials without a sham control, and uncontrolled case series. Relevant outcomes are symptoms, functional outcomes, quality of life, and medication use. Pulsed RF does not appear to be as effective as conventional RF denervation, and there is insufficient evidence to evaluate the efficacy of other methods of denervation (e.g., alcohol, laser, cryodenervation) for facet joint pain or the effect of therapeutic medial branch blocks on facet joint pain. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

V. DEFINITIONS

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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**.**

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VII. DISCLAIMER

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Capital Blue Cross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice, and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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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.

Not Medically Necessary; therefore, not covered:

Procedure Codes								
64490	64491	64492	64493	64494	64495			

Covered when medically necessary:

Procedure Codes								
64633	64634	64635	64636					

ICD-10-CM Diagnosis Codes	Description
M47.011	Spondylosis; Anterior spinal artery compression syndromes, occipito-atlanto-axial region
M47.012	Spondylosis; Anterior spinal artery compression syndromes, cervical region
M47.013	Spondylosis; Anterior spinal artery compression syndromes, cervicothoracic region
M47.014	Spondylosis; Anterior spinal artery compression syndromes, thoracic region
M47.015	Spondylosis; Anterior spinal artery compression syndromes, thoracolumbar region
M47.016	Spondylosis; Anterior spinal artery compression syndromes, lumbar region
M47.021	Spondylosis; Vertebral artery compression syndromes, occipito-atlanto-axial region
M47.022	Spondylosis; Vertebral artery compression syndromes, cervical region
M47.11	Spondylosis; Other spondylosis with myelopathy, occipito-atlanto-axial region
M47.12	Spondylosis; Other spondylosis with myelopathy, cervical region
M47.13	Spondylosis; Other spondylosis with myelopathy, cervicothoracic region
M47.14	Spondylosis; Other spondylosis with myelopathy, thoracic region
M47.15	Spondylosis; Other spondylosis with myelopathy, thoracolumbar region
M47.16	Spondylosis; Other spondylosis with myelopathy, lumbar region
M47.21	Spondylosis; Other spondylosis with radiculopathy, occipito-atlanto-axial region
M47.22	Spondylosis; Other spondylosis with radiculopathy, cervical region
M47.23	Spondylosis; Other spondylosis with radiculopathy, cervicothoracic region
M47.24	Spondylosis; Other spondylosis with radiculopathy, thoracic region
M47.25	Spondylosis; Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Spondylosis; Other spondylosis with radiculopathy, lumbar region
M47.27	Spondylosis; Other spondylosis with radiculopathy, lumbosacral region
M47.28	Spondylosis; Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.811	Spondylosis; Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis; Spondylosis without myelopathy or radiculopathy, cervical region

ICD-10-CM Diagnosis Codes	Description
M47.813	Spondylosis; Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis; Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis; Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis; Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis; Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis; Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.891	Spondylosis; Other spondylosis, occipito-atlanto-axial region
M47.892	Spondylosis; Other spondylosis, cervical region
M47.893	Spondylosis; Other spondylosis, cervicothoracic region
M47.894	Spondylosis; Other spondylosis, thoracic region
M47.895	Spondylosis; Other spondylosis, thoracolumbar region
M47.896	Spondylosis; Other spondylosis, lumbar region
M47.897	Spondylosis; Other spondylosis, lumbosacral region
M47.898	Spondylosis; Other spondylosis, sacral and sacrococcygeal region
M54.01	Dorsalgia; Panniculitis affecting regions of neck and back, occipito-atlanto-axial region
M54.02	Dorsalgia; Panniculitis affecting regions of neck and back, cervical region
M54.03	Dorsalgia; Panniculitis affecting regions of neck and back, cervicothoracic region
M54.04	Dorsalgia; Panniculitis affecting regions of neck and back, thoracic region
M54.05	Dorsalgia; Panniculitis affecting regions of neck and back, thoracolumbar region
M54.06	Dorsalgia; Panniculitis affecting regions of neck and back, lumbar region
M54.07	Dorsalgia; Panniculitis affecting regions of neck and back, lumbosacral region
M54.08	Dorsalgia; Panniculitis affecting regions of neck and back, sacral and sacrococcygeal region
M54.09	Dorsalgia; Panniculitis affecting regions, neck, and back, multiple sites in spine
M54.11	Dorsalgia; Radiculopathy, occipito-atlanto-axial region
M54.12	Dorsalgia; Radiculopathy, cervical region
M54.13	Dorsalgia; Radiculopathy, cervicothoracic region
M54.14	Dorsalgia; Radiculopathy, thoracic region
M54.15	Dorsalgia; Radiculopathy, thoracolumbar region
M54.16	Dorsalgia; Radiculopathy, lumbar region
M54.17	Dorsalgia; Radiculopathy, lumbosacral region
M54.18	Dorsalgia; Radiculopathy, sacral and sacrococcygeal region
M54.2	Dorsalgia; Cervicalgia
M54.31	Dorsalgia; Sciatica, right side

ICD-10-CM Diagnosis Codes	Description
M54.32	Dorsalgia; Sciatica, left side
M54.41	Dorsalgia; Lumbago with sciatica, right side
M54.42	Dorsalgia; Lumbago with sciatica, left side
M54.5	Dorsalgia; Low back pain
M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
M54.6	Dorsalgia; Pain in thoracic spine
M54.81	Dorsalgia; Occipital neuralgia
M54.89	Dorsalgia; Other dorsalgia
M96.1	Postlaminectomy syndrome, not elsewhere classified

IX. REFERENCES

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X. POLICY HISTORY

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MP 5.049	**2/12/2020** Consensus review. Policy statement unchanged. References reviewed.
	2/1/2021 Minor review. • Added "No prior spinal fusion surgery in the vertebral level being treated" to the policy statement • Removed "at least one" from the policy statement "There has been a successful trial of at least one controlled diagnostic medial branch block" Updated Policy Guidelines to state that two successful trials of medial branch blocks needed rather than one
	9/7/21: Administrative review. Addition of new ICD-10 codes. Effective date 10/1/21. TDC
	01/27/2022 Minor review. Removed "C3-4 and below" from policy statements, allowing just "cervical". Added criteria requiring other treatable causes of pain to be ruled out. Changed 50% reduction in pain to "sustained meaningful reduction (often defined as 50%)" in Policy Guideline section. Background and Rationale updated. References added. FEP language revised.
	06/08/2023 Minor review. Added thoracic facet joints as medically necessary to policy statement for both first time and repeat treatments. Criteria now includes cervical, thoracic, lumbar, and lumbosacral facet joint. Therapeutic medial branch blocks changed from investigational to not medically necessary. Added codes 64490-64495. Background updated. References added.

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