



MEDICAL POLICY

Date Reviewed: 03/28/03, 8/27/04, 06/23/06, 11/16/07, 04/24/09, 02/05/10, 04/15/11

Subject: Facet Joint Injection and Medial Branch Nerve Block (Zygapophysial Joint Injection, Paravertebral Block)

Description: A facet joint injection is the injection of a local anesthetic with or without steroid into one or more of the facet joints of the spine. A medial branch nerve block is an injection of a local anesthetic near the medial branch nerves that innervate the facet joint. Both the diagnostic facet joint injection and the diagnostic medial branch nerve block are performed to determine whether the facet joint is the source of the symptoms (pain generator).

Indications of Coverage:

Facet joint injections or medial branch nerve blocks are considered medically necessary when the following criteria are met:

Chronic (at least three months in duration) axial back or neck pain symptoms where radicular symptoms (pain, numbness, or tingling in an extremity), sacroiliac symptoms, or myofascial symptoms are not the primary condition being treated. Radicular symptoms should not be confused with peripheral causes of symptoms, such as carpal tunnel syndrome or diabetic neuropathy.

Failure of a one-month trial of more conservative therapies including oral anti-inflammatory medications (or other analgesic medication if the anti-inflammatory medication is contraindicated) used on a regular basis and physical therapy/chiropractic manipulations (a minimum of two visits a week for four weeks) performed after the original date of onset of symptoms. If the symptoms are severe (requiring urgent medical care), the trial of conservative therapy may not be required.

If the above conditions are met, an initial injection is appropriate. Approval for the second injection requires documentation of a positive response from the initial injection. A positive response is defined as significant (at least 80%) relief of symptoms following the procedure when performing activities that previously aggravated the individual's symptoms. Symptom relief must be documented for a period of time that is concordant with the typical minimum onset of relief and duration of action for the type of local anesthetic used. The second injection procedure must be performed at least one week after the initial injection procedure.

The two injections in preparation for neuroablation must be performed using different local anesthetics (with or without steroid) with differing durations of action.

Fluoroscopic guidance is required for facet joint injections and medial branch nerve blocks.

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria is not met, deny as not medically necessary.

A facet joint injection and/or medial branch nerve block in the presence of primary radicular symptoms (pain, numbness, or tingling in an extremity) or other unexplained neurologic symptoms, excluding those symptoms with peripheral causes (for example, carpal tunnel syndrome, diabetic neuropathy) is considered not medically necessary.

A facet joint injection and/or medial branch nerve block for the treatment of pain is considered a therapeutic procedure, and thus experimental or investigative.

For a particular vertebral level, additional medial branch nerve blocks, following the initial two diagnostic medial branch nerve blocks, are considered therapeutic blocks, and thus experimental or investigative.

Facet joint injections or medial branch nerve blocks following neuroablation is considered repeat testing, which is not medically necessary.

A facet joint arthrogram in conjunction with a facet joint injection is included in the fluoroscopic guidance for the injection and is considered not medically necessary.

Injection of a caustic agent such as phenol or alcohol into a facet joint is considered experimental or investigative.

If any other pain management therapies to the same region (cervical, thoracic, lumbar) such as facet joint injections, epidural injections, sacroiliac injections, trigger point injections, and/or lumbar sympathetic blocks are performed on the same day, the medial branch nerve block is considered not medically necessary.

If more than three vertebral levels (unless the L5-S1 level is included) are injected during a treatment setting, the medial branch nerve block is considered not medically necessary. If the L5-S1 level is injected during the procedure, up to four medial branch nerve blocks may be required.

If the use of fluoroscopic guidance is not documented, the facet joint injection or medial branch nerve block is considered experimental or investigative.

Documentation Required:

Office notes including documentation of the symptoms that suggest the presence of facet joint pathology and exclude any correctable spinal pathology condition (for example, spinal cord tumor, severe spinal stenosis, infection, or intervertebral disc disease requiring surgical treatment, such as a large disc herniation) and documentation of the failure of more conservative therapies.

Rationale:

The facet joints are located on the back of the spinal column between each vertebral level and may be the cause for some back pain symptoms. Most back pain symptoms will resolve spontaneously or with conservative treatment such as oral medications and physical therapy. In cases that do not respond to conservative therapy, injections may be useful. A facet joint injection is an injection into the painful joint. A medial branch nerve block is an injection near the nerve that innervates the facet joint. Both types of injections are used to identify symptomatic facet joints.

There are numerous possible sources for back pain. Whether a facet joint injection or medial branch nerve block is the most appropriate injection depends on the symptoms that are reported.

Spinal pain that radiates to the arms or legs is not usually the result of facet joint dysfunction since facet joint-mediated pain is typically limited to the axial spine (along the spinal cord).

Facet joint injections and medial branch nerve blocks are used for the diagnosis of facet joint symptoms. Currently, there are no imaging reports that can definitively diagnose which facet joint is the origin of the symptoms, so diagnostic blocks are performed to identify the area of pain. Pain relief following the injection is an indicator that the symptomatic facet joint has been identified. A minimum of two diagnostic injections are performed because of the high rate of false-positive results from a single injection. It has been recommended that subsequent (comparative) injections be performed with different local anesthetics as the duration of pain relief will differ depending on the type of medication that is used. Once the offending facet joint has been identified with comparative diagnostic blocks, it may be appropriate to proceed with medial branch neuroablation. Neither facet joint injections nor medial branch nerve blocks have been shown to be effective for the treatment of back pain, so therapeutic injections are considered investigational.

Because facet joint injections or medial branch nerve blocks are used to diagnose the source of the pain, performing other pain management injections at the same time does not allow the physician to definitively determine which of the injections was effective in alleviating the pain symptoms. Therefore, facet joint injections or medial branch nerve blocks should not be used in conjunction with other pain management injections.

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Approved by the Medical Director