Subject: Facet Joint/MBB Diagnostic Injections for Chronic Spinal Pain

Original Effective Date: 7/5/07

<table>
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<th>Policy Number:</th>
<th>Revision Date(s):</th>
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<td>MCR-030</td>
<td>12/08, 6/10, 6/13, 12/13, 6/12/14, 6/15/2016, 7/25/17, 4/23/20, 8/10/20</td>
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Review Date: 6/15/16, 3/8/18, 6/19/19, 4/23/20

MCPC Approval Date: 7/25/17, 3/8/18, 6/19/19, 3/19/20, 4/23/20

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### DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

Facet joint syndrome is a condition that leads to chronic spinal pain due to unclear etiology. The classic findings of facet joint syndrome are pain in the cervical or low back radiating to the buttock and posterior thigh, pain due to hyperextension, pain on palpation of joint, and absence of both radiculopathy below the knee and neurologic deficits.

Facet blocks can be performed in cervical or lumbar segments of the spine and may be performed as a diagnostic procedure. Facet blocks using short or long-acting local anesthetics can be used to diagnose facet (zygapophyseal) joint syndrome as the cause of chronic back pain. Diagnostic injections involve the injection of a local anesthetic into the facet joints (intra-articular) or around the nerve supply to the joints (medial branches of the dorsal rami aka medial branch block [MBB]). Injections should be fluoroscopically guided. Pain relieved following the injection for the appropriate amount of time given the type of medication used, without definitive clinical or imaging findings, would suggest that the pain originated in the facet joint. A positive diagnostic block is the prerequisite for undergoing other treatments to alleviate facet joint pain such as *radiofrequency denervation of the facet joints.

### INITIAL CRITERIA RECOMMENDATION

1. **Diagnostic** facet joint injections/MBBs may be considered medically necessary for facet joint pain in adults who are age 18 years or older as part of a comprehensive pain management treatment program when all of the following criteria are met: [ALL]
   - Presence of chronic severe back pain (cervical, or lumbar) that is predominantly axial not associated with radiculopathy or neurogenic claudication present for a minimum of **3 months** that is: [ALL]
     - resulting from disease, injury or surgery; and
confirmed by provocative testing resulting in reproducible pain (i.e., hyperextension, rotation); and

Pain is affecting activity of daily living functional ability: > 4 on the NRS Pain Rating Scale*; and

Physical evaluation has ruled out other non-facet pathology that could explain the source of the patient’s pain, such as discogenic, sacroiliac joint pain, disc herniation, fracture, tumor, infection; and

AND

Patient has tried and failed a minimum of 3 months of conservative therapy (i.e. for the current episode of pain that includes: [ALL]

- Physical therapy (PT) for a minimum of 4 weeks (3-4x per week for a total of 12 sessions); or
- There is documentation submitted that explains why physical therapy is contraindicated: *Note: PT may be contraindicated if any of the following are present:
  - pain worsened with PT;
  - PT tried but was not able to be tolerated
  AND
- Activity or exercise modification; and
- Drug therapy (i.e. NSAIDS, muscle relaxants, corticosteroids, antidepressants, anticonvulsants, or opiates)

*The Numeric Rating Scale (NRS-11): Rating Pain Level

| 0: No Pain |
| 1 – 3: Mild Pain (nagging, annoying, interfering little with ADLs) |
| 4 – 6: Moderate Pain (interferes significantly with ADLs) |
| 7 – 10: Severe Pain (disabling; unable to perform ADLs) |

2. Diagnostic Facet Joint Injection/Medial Branch Block (MBB) Criteria

The primary purpose of diagnostic facet injections/MBBs is to determine the appropriateness for a Radiofrequency Ablation (RFA) which may be performed subsequently to achieve long-term pain management. A positive response to the Facet Joint Injection/MBB is defined as at least 70% relief of the primary pain, with the onset and duration of relief being consistent with the local anesthetic employed and measured by a decrease in pain medication and increase in functional ability. The response to a single injection has a high false-positive response rate. Therefore, before an RFA is approved, a second diagnostic facet joint injection/MBB is performed to confirm the validity of the clinical response to the initial facet joint injection/MBB. All of the following criteria apply: [ALL]

- For each covered spinal region (cervical or lumbar), diagnostic facet joint injections/MBBs should be performed at no more than four (4) joints per session (e.g., two [2] bilateral levels or four [4] unilateral levels).

- A second diagnostic Facet Joint Injection/MBB may be performed to confirm the validity of the clinical response to the initial injections if ALL of the following criteria are met:
  - Administered at the same level as the initial block
  - The initial diagnostic facet joint injection produced a positive response (i.e., at least 70% relief of facet mediated pain for at least the expected minimum duration of the effect of the local anesthetic)
  - Performed at least one week after the initial injection
  - A radiofrequency joint denervation/ablation procedure is being considered

- A maximum of six (6) facet joint procedural sessions per region (cervical or lumbar) may be performed in a 12-month period.
More than two facet injections/medial branch blocks at the same level are considered to be therapeutic rather than diagnostic. Therapeutic facet injections/medial branch blocks are considered NOT medically necessary.

Definitions:

- A zygapophyseal (facet) joint level is defined as the zygapophyseal joint or the two medial branch (MB) nerves that innervate that zygapophyseal joint.
- A session is defined as all injections/blocks procedures performed on one day and includes medial branch blocks (MBB), and facet intraarticular injections (IA).
- A region is defined as all injections performed in cervical/thoracic or all injections performed in lumbar (not sacral) spinal areas.

*Please refer to Radiofrequency Ablation MCR-085 for additional criteria

Note: Criteria recommendations are mainly obtained from the Official Disability Guidelines, AMR peer review and other professional society guidelines. 51 53-57

EXCLUSIONS 49-57

- More than two injections at the same level are considered therapeutic. Therapeutic Facet Joint Injections/MBBs are considered experimental, investigational or unproven as there are insufficient data to support the effectiveness of these interventions.
- Facet joint injections in the thoracic region are considered experimental, investigational and unproven.
- The performance of facet joint injections/medial branch blocks in the presence of an untreated radiculopathy is considered not medically necessary.
- The performance of injections/blocks on more than two (2) levels one the same day is considered not medically necessary.
- The following are considered relative contraindications to the procedure and require physician documentation of medical necessity in the presence of any the following:
  - previous history of spinal fusion in the area treated
  - unstable medical conditions or psychiatric illness
  - current anticoagulation treatment
  - current systemic infection or infection over the injection site

SUMMARY OF MEDICAL EVIDENCE 3-41

There is a moderate amount of clinical reports and reviews of facet blocks for chronic back pain published in the peer reviewed medical literature consisting of systematic reviews, randomized controlled trials or controlled trials with ≥ 40 patients and uncontrolled trials with ≥ 100 patients. 3-37 Studies primarily addressed the diagnosis and/or treatment of patients with chronic low (lumbar) back pain and involved patients with cervical or thoracolumbar pain. Outcome measures varied among studies but generally included assessment of pain, assessment of ability to perform functions of daily living and to return to previous work, use of pain medication, and patient satisfaction. The randomized controlled trials reported a relatively large placebo effect, with improvement in all groups, but no difference in clinical response between local anesthetic block and placebo (saline injection). One study reported some improvement in lumbar mobility but no greater improvement in pain or disability when facet injections were added to an exercise program compared with
exercise alone. The uncontrolled studies reported conflicting results regarding the accuracy of facet blocks for identifying facet joint syndrome as a cause of chronic back pain, but all reported relief of pain in some patients following facet block. The Cochrane systematic review analyzed 21 randomized trials and found that there was no convincing evidence for the therapeutic efficacy of facet joint blocks in patients with lower back pain. The primary outcome measure was pain relief, and all of the studies that involved patients with low back pain persisting longer than 1 month were reviewed. The overall body of evidence regarding facet injections as a treatment for chronic neck and back pain shows that while facet blocks are associated with some pain relief; most studies suggest that the effects are attributable to the anesthetic or placebo effect. 38-39

The 2015 AHRQ comparative effectiveness study on injection therapies for low back pain concluded that the studies found no clear differences between various facet joint corticosteroid injections (intraarticular, extra-articular [peri-capsular], or medial branch) and placebo interventions. 40

*Professional Society Guidelines* indicate that diagnostic cervical facet joint nerve blocks are recommended in patients with somatic or non-radicular neck pain or headache and upper extremity pain, with duration of pain of at least 3 months, without preponderance of evidence of discogenic pain, disc herniation, or evidence of radiculitis. Diagnostic lumbar facet joint nerve blocks are recommended in patients with suspected facet joint pain. 43

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**RESOURCE REFERENCES**

**Government Agency**

**Peer Reviewed Publications**

**Professional Society Guidelines**

43. American Society of Interventional Pain Physicians (ASIPP):
48. American Pain Society:

**Other Resources**

49. Hayes a Division of TractManager. Winifred Hayes, Inc. Lansdale, PA.:
   - Zacharia I. Treatment of Neck Pain.
   - Facet joint diagnostic blocks (injections).
   - Facet joint injections, lumbar
• Facet joint injections, multiple series
• Facet joint injections, thoracic
• Facet joint intra-articular injections (therapeutic blocks)
• Facet joint medial branch blocks (therapeutic injections)

• Facet joint diagnostic blocks


Revision History:
7/17: Reduced PT requirement from 20 sessions to 10-12 sessions over 8 weeks, changed improvement scales from significant functional improvement of 80% to significant functional pain relief of 50% measured by a decrease in pain medication and increase in functional ability, changed diagnostic injection criteria from 3 levels to 2 levels, removed significant narrowing of the vertebral canal or spinal instability as a contraindication, added that thoracic region injections are considered experimental, investigational and unproven and removed the requirement for a comprehensive psychosocial assessment. Changes are based on 2017 ODG Guidelines per AMR review.

3/8/18 & 6/19/19: Policy reviewed, no changes to criteria.

4/23/20: Policy reviewed, criteria updated based on current standard of care medical guidelines that include ODG and InterQual; eviCore and other guidelines. The entire criteria was changed under initial recommendation #2: changed improvement scale from 50% to 70%, levels restricted to no more than four (4) joints per session (e.g., two [2] bilateral levels or four [4] unilateral levels), sessions restricted to a maximum of six (6) facet joint procedural sessions per region (cervical or lumbar) may be performed in a 12-month period and more than two facet injections/medial branch blocks at the same level are considered to be therapeutic rather than diagnostic. Therapeutic facet injections/medial branch blocks are considered NOT medically necessary. Added additional criteria for a second diagnostic facet joint injection/medial branch block (i.e dual), performed to confirm the validity of the clinical response to the initial facet joint injection performed in the same location(s). Revised conservative therapy to tried and failed a minimum of 3 months that includes PT for a minimum of 4 weeks. These changes are consistent with ODG, eviCore and other current guidelines and vetted by AMR reviewer.