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| Department: | Medical Management | Original Approval: | 10/16/2017 |
| Policy #: | MM149 | Last Approval: | 09/06/2019 |
| Title: | Spinal Injections and Facet Neurotomy | | |
| Approved By: | UM Medical Subcommittee Committee | | |

REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

1. History and/or physical examination notes and relevant specialty consultation notes that address the problem and need for the service
2. Documentation of conservative therapy that has been tried including physical therapy and medication management
3. All previous interventions for the problem, including dates and the patient's response to the intervention
4. Imaging studies
5. Lab values if pertinent

BACKGROUND

This policy is written to ensure decisions on requests for Spinal Injections meet Washington State healthcare Authority Health Technology Assessment Program criteria.

Topic Summary (from: <https://www.hca.wa.gov/about-hca/health-technology-assessment/spinal-injections>)

Back and neck pain are common conditions, with 60 to 80% percent of U.S. adults afflicted at some time during their life. Back pain and neck pain are the most common causes of disability and loss of productivity. Approximately 90% of low back pain is of the nonspecific type, and a similar majority of neck pain is non-specific. Most patients' symptoms resolve satisfactorily within a relatively short time span (six weeks). In 5 to 10% of patients, pain does not satisfactorily resolve. The symptoms can be disabling and the social and economic impact of chronic pain is enormous. Discovering the cause for nonspecific low back and neck pain symptoms remains challenging. Some psychosocial risk factors for the progression to chronicity have been identified, but the origin and neurophysiologic pain sensations are poorly understood.

Chronic pain treatment may include pharmacological treatment, physical therapy, psychological care and coping skills, exercise, education, antidepressants, cognitive behavioral therapy and supported self-management, spinal manipulations, electrical stimulation, injections, implanted devices, and other surgical treatment. Treatment strategies generally begin with the least invasive and low risk interventions and progress if the treatments are not effective. Treatment often involves a combination of interventions.

Spinal injections are not usually performed until non-surgical treatments have been given a fair trial and have not provided adequate relief. Intraspinous injections are intended to provide relief by injection of an

anti-inflammatory agent (e.g. steroid); and/or anesthetic into the spine or space around the spinal nerves and joints. Intraspinous injections include epidural steroid injections, facet joint injections, medial branch block, sacroiliac joint injections and intradiscal steroid injections.

FDA warning issued 04-23-2014: “The U.S. Food and Drug Administration (FDA) is warning that injection of corticosteroids into the epidural space of the spine may result in rare but serious adverse events, including loss of vision, stroke, paralysis, and death. The injections are given to treat neck and back pain, and radiating pain in the arms and legs. We are requiring the addition of a Warning to the drug labels of injectable corticosteroids to describe these risks. Patients should discuss the benefits and risks of epidural corticosteroid injections with their health care professionals, along with the benefits and risks associated with other possible treatments”.

DEFINITIONS

Conservative Treatment: (as defined in the CHPW policy MM162-Medical Appropriateness for Service or Medication Clinical Coverage Criteria)

Where policies and guidelines stipulate that Conservative Treatment must have been tried, conservative treatment is defined as 6 weeks regular attendance, participation and compliance with any of the following therapies (list includes therapies which may not be covered by CHPW):

- Appropriate medications
- Physical therapy
- Chiropractic Therapy
- Supervised home exercise
- Acupuncture
- Massage

Epidural steroid injection: Injection of corticosteroid into the epidural space in the spine. The steroid is injected directly around the dura, the sac around the nerve roots that contains cerebrospinal fluid. Prior to the injection, the skin is anesthetized by using a local anesthetic. This procedure can be done two different ways: Interlaminar Epidural Steroid Injection, in the midline, or transforaminal Epidural Steroid Injection, through the neural foramen (opening at the side of the spine where a nerve roots exits).

Facet Injection: Injection directly into the facet joint.

Facet Neurotomy (Also called radiofrequency ablation): procedure to damage or destroy the nerve to the facet joint.

Intradiscal Injection: Injection directly into the intervertebral disc.

Lateral Branch Nerve Block: Injection of anesthetic agent (short or long acting) near the lateral branch nerves in the sacroiliac region as diagnostic injection with intention of following up with a radiofrequency ablation of that nerve for treatment of sacroiliac joint pain.

Medial Branch Nerve Block (Also called Facet Nerve Block): Injection of anesthetic agent (short or long acting) near the facet joint to anesthetize the nerve to the facet joint.

Sacroiliac Joint Injection: Injection of a steroid into the sacroiliac joint.

MEDICARE MEMBERS:

INDICATIONS/CRITERIA

Cervical, Thoracic, or Lumbar Epidural Steroid Injection (ESI):

Criteria require all the following:

- Pain associated with one of the following:
 - Herpes Zoster and/or
 - Suspected radicular pain, based on radiation of pain along the dermatome (sensory distribution) of a nerve and/or
 - Neurogenic claudication and/or
 - Back or neck pain, moderate to severe pain associated with significant impairment of activities of daily living (ADLs)
- substantial imaging abnormalities such as:
 - central disc herniation
 - severe degenerative disc disease
 - central spinal stenosis
- Failure of four weeks (counting from onset of pain) of non-surgical, non-injection care, which includes one of the following:
 - appropriate oral medication(s) and physical therapy to the extent tolerated...
 - Exceptions to the 4 week wait include:
 - pain from Herpes Zoster
 - at least moderate pain with significant functional loss at work or home.
 - severe pain unresponsive to outpatient medical management.
 - inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
 - prior successful injections for same specific condition with at least 50% relief of at least 3 months' duration
- No Contraindications to the ESI
 - No acute spinal cord compression
 - No coagulopathy or current use of anticoagulants or antiplatelet therapy
 - No local malignancy
 - No local or systemic infection

Diagnostic Facet Joint Injections and Diagnostic Medial Branch Nerve Blocks:

[Noridian Local Coverage Determination \(LCD\): Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy \(L34995\)](#)

- Patient must have history of at least 3 months of moderate to severe pain with functional impairment and pain is inadequately responsive to conservative care such as NSAIDs, acetaminophen, physical therapy (as tolerated).

- Pain is predominantly axial and, with the possible exception of facet joint cysts, not associated with radiculopathy or neurogenic claudication
- There is no non-facet pathology that could explain the source of the patient's pain, such as fracture, tumor, infection, or significant deformity.
- Clinical assessment implicates the facet joint as the putative source of pain.
- A maximum of five (5) facet joint injection sessions inclusive of medial branch blocks, intraarticular injections, facet cyst rupture and RF ablations may be performed per rolling 12-month year in the cervical/thoracic spine and five (5) in the lumbar spine.
- For each spinal region (cervical/thoracic or lumbar), no more than four (4) facet joints per session, (such as two bilateral levels or four unilateral levels).
- Neither conscious sedation nor Monitored Anesthesia Care (MAC) is routinely necessary for intraarticular facet joint injections or medial branch blocks

Therapeutic Facet Joint Injections and Therapeutic Medial Branch Nerve Blocks:

- Dual diagnostic MBBs provide $\geq 80\%$ relief of the primary or index pain and duration of relief is consistent with the agent employed
- Injections may be repeated if the first injection results in significant pain relief ($> 50\%$) for at least 3 months. Further diagnostic blocks are not required for repeat therapeutic injections. (See Limitations section for total number of injections that may be performed in one year.)
- A maximum of five (5) facet joint injection sessions inclusive of medial branch blocks, intraarticular injections, facet cyst rupture and RF ablations may be performed per rolling 12-month year in the cervical/thoracic spine and five (5) in the lumbar spine.
- Neither conscious sedation nor Monitored Anesthesia Care (MAC) is routinely necessary for intraarticular facet joint injections or medial branch blocks

Intradiscal Injection:

The criteria to be applied for evaluation of medical necessity of intradiscal injection is the Health Care Authority Health Technology Assessment ([HTA 20160318B – Spinal Injections, May 20, 2016](#)).

Lateral Branch Nerve Block and SI radiofrequency denervation: This type of nerve block, and the radiofrequency ablation that follows, are unlikely to provide significant benefit. According to a Cochrane review from 10/23/15, the SI joint radiofrequency denervation has no effect over the short term and only a small effect in one study 1-6 months after procedure.

https://www.cochrane.org/CD008572/BACK_radiofrequency-denervation-chronic-low-back-pain

Thermal Intradiscal Procedures:

[National Coverage Determination \(NCD\) for Thermal INTRADISCAL Procedures \(TIPs\) \(150.11\)](#)

Centers for Medicare and Medicaid Services has determined that TIPs are not reasonable and necessary for the treatment of low back pain.

Sacroiliac Joint Injections:

Therapeutic sacroiliac joint injection for chronic pain is a medically necessary when all the following criteria are met:

- The injection contains a corticosteroid medication
- Delivered with fluoroscopic guidance or CT guidance
- After failure of conservative therapy care (see MM162 Medical Appropriateness for Service or Medication Clinical Coverage Criteria for the definition of Conservative Care, also listed above under definitions)
- No more than one per SI joint without clinically meaningful improvement in pain (at least 50% improvement in pain) and function for 3 months

For other spinal injections not specifically listed for Apple Health Members, the current edition of MCG provides guidance.

For other spinal injections for Medicare:

If there is no NCD or LCD, use the current edition of MCG.

All spinal injections require failure of conservative therapy.

Facet Neurotomy (Also called radiofrequency ablation):

- Only when dual MBBs provide $\geq 80\%$ relief of the primary or index pain and duration of relief is consistent with the agent employed may facet joint denervation with RF medial branch neurotomy be considered.
- Repeat denervation procedures involving the same joint will only be considered medically necessary if the patient experienced $\geq 50\%$ improvement of pain and improvement in patient specific ADLs documented for at least 6 months.
- A maximum of five (5) facet joint injection sessions inclusive of medial branch blocks, intraarticular injections, facet cyst rupture and RF ablations may be performed per rolling 12-month year in the cervical/thoracic spine and five (5) in the lumbar spine.
- For each spinal region (cervical/thoracic or lumbar), no more than two (2) thermal RF sessions will be reimbursed in any rolling 12-month year, involving no more than four (4) joints per session, (such as two bilateral levels or four unilateral levels).
- Non-thermal RF modalities for facet joint denervation including chemical, low grade thermal energy (<80 degrees Celsius), as well as pulsed RF are not considered medically necessary due to lack of documented efficacy

APPLE HEALTH MEMBERS:

CLINICAL COVERAGE CRITERIA:

Epidural Steroid Injections:

- **Therapeutic epidural steroid injections in the lumbar or cervical-thoracic spine for chronic pain are medically necessary if all of the following criteria are met:** The injection contains a corticosteroid medication
- For treatment of radicular pain;
- The diagnosis of radicular pain must be supported by documented imaging studies that confirm that the pain is due to compression of a spinal nerve root.
- With fluoroscopic guidance;
- After failure of conservative therapy care (see MM162 Medical Appropriateness for Service or Medication Clinical Coverage Criteria for the definition of Conservative Care, also listed above under definitions);
- No more than two (2) injections without clinically meaningful improvement in pain and function; and
- Maximum of three (3) epidural steroid injections is allowed in six (6) months

A repeat epidural steroid injection is medically necessary if:

- prior successful injections for same specific condition have provided at least 50% relief of at least 3 months' duration

Facet injections:

Therapeutic facet joint injections are not considered medically necessary for Apple Health members due to insufficient evidence of efficacy

Diagnostic Facet Joint Injections or Diagnostic Medial Branch Nerve Blocks:

These diagnostic nerve blocks are medically necessary if a potential positive response is intended to lead to a planned procedure that would be considered medically necessary (such as a facet neurotomy). Therefore, the following criteria are based on the WA HCA HTA (20140321B: Facet Neurotomy 2014). (The HCA policy on Facet Neurotomy states that the criteria for approval of a facet neurotomy include a positive response to Diagnostic Medial Branch Nerve Blocks with both a short acting and a long acting anesthetic. See the HTA Facet Neurotomy policy for details.)

Since a therapeutic facet joint injection is not considered medically necessary, a diagnostic block to evaluate for a therapeutic facet joint injection is also not medically necessary.

Cervical Diagnostic Facet Joint Injection or Diagnostic Medial Branch Nerve

Block for investigation of cervical pain is medically necessary if all of the following criteria are met:

- Limited to C3 - 4, through C6 -7
- Patient is over 17 years of age
- Has at least six months of continuous neck pain referable to the facet joint
- The pain is non-radicular (does not radiate down an extremity)

- Condition is unresponsive to other therapies including conservative care (see MM162 Medical Appropriateness for Service or Medication Clinical Coverage Criteria for the definition of Conservative Care, also listed above under definitions)
- There are no other clear structural cause of neck pain
- No other pain syndrome affecting the spine
- One Medial Branch Nerve Block per each intervention and no more are permitted for 6 months after a neurotomy has been performed. (A maximum of 1 cervical neurotomy is allowed per 6 month period according to the WA HCA HTA 20140321B: Facet neurotomy 2014)

Lumbar Diagnostic Facet Joint Injection or Diagnostic Medial Branch Nerve Block for investigation of low back pain is medically necessary if all of the following criteria are met:

- Patient is over 17 years of age
- Has at least six months of continuous low back pain referable to the facet joint
- The pain is non-radicular pain (does not radiate down an extremity)
- Condition is unresponsive to other therapies including conservative care for 6 weeks (see MM162 Medical Appropriateness for Service or Medication Clinical Coverage Criteria for the definition of Conservative Care, also listed above under definitions)
- There are no other clear structural cause of back pain
- There is no other pain syndrome affecting the spine
- One or two Medial Branch Nerve Block is allowed per each intervention and no more are permitted for 6 months after a neurotomy has been performed. (A maximum of 2 neurotomies is allowed per 6 month period according to the WA HCA HTA 20140321B: Facet neurotomy 2014)

Criteria for Second Diagnostic Facet Joint Injection or Diagnostic Medial Branch Nerve Block, Cervical or Lumbar

If the initial approval for diagnostic Facet Joint Injection or Medial Branch Nerve Block expires before the two separate injections with short and long acting anesthetic agents can be completed, a second injection can be approved if the member had an adequate response to the first injection so that a Facet Neurotomy would be considered medically necessary if the patient has adequate response to the second injection (according to the WA HCA HTA 20140321B: Facet neurotomy 2014)

- For Cervical Medial Branch Nerve Block, this requires documentation of 100% improvement after the first injection
- For Lumbar Medial Branch Nerve Block, this requires documentation of 80% improvement after the first injection

Facet Joint Injections or Medial Branch Nerve Blocks that are Not Considered Medically Necessary (For Apple Health Members):

- **Diagnostic Facet Joint Injection for to evaluate for possible therapeutic facet joint injection is not medically necessary:**

- Because the therapeutic facet joint injection is not medically necessary due to lack of demonstrated efficacy
- **Diagnostic Medial Branch Nerve Block for the thoracic spine is not medically necessary:**
 - Because facet neurotomy is not approvable for the thoracic spine (WA HCA HTA 20140321B: Facet neurotomy 2014)
- **Diagnostic Medial Branch Nerve Block for headache is not medically necessary:**
 - Because facet neurotomy is not approvable for the indication of headache (WA HCA HTA 20140321B: Facet neurotomy 2014)
- **Therapeutic Facet Joint Injection is not medically necessary:**
 - Due to insufficient evidence of demonstrated efficacy.
- **Therapeutic Medial Branch Nerve Block is not medically necessary:**
 - Due to insufficient evidence of demonstrated efficacy.

Intradiscal injections:

Intradiscal injections are not considered medically necessary due to insufficient evidence of efficacy.

Lateral Branch Nerve Block and SI radiofrequency denervation: This type of nerve block, and the radiofrequency ablation that follows, are unlikely to provide significant benefit. According to a Cochrane review from 10/23/15, the SI joint radiofrequency denervation has no effect over the short term and only a small effect in one study 1-6 months after procedure.

https://www.cochrane.org/CD008572/BACK_radiofrequency-denervation-chronic-low-back-pain

Sacroiliac Joint Injections:

Therapeutic sacroiliac joint injection for chronic pain is a medically necessary when all the following criteria are met:

- The injection contains a corticosteroid medication
- Delivered with fluoroscopic guidance or CT guidance
- After failure of conservative therapy care (see MM162 Medical Appropriateness for Service or Medication Clinical Coverage Criteria for the definition of Conservative Care, also listed above under definitions)
- No more than one per SI joint without clinically meaningful improvement in pain (at least 50% improvement in pain) and function for 3 months

For other spinal injections not specifically listed for Apple Health Members, the current edition of MCG provides guidance.

All spinal injections require failure of conservative therapy.

For review of **Facet Neurotomy**, see HTA policy on Facet Neurotomies, HTA (20140321B: Facet neurotomy 2014). Consideration of “clinically meaningful improvement” is dependent on expectations for the underlying condition.

Facet Neurotomy (Also called radiofrequency ablation):

Lumbar Facet Neurotomy is medically necessary when all the following criteria are met:

- Patient(s) must be over 17 years of age, and:
- Has at least six months of continuous low back pain referable to the facet joint
- The pain is non-radicular pain
- Condition is unresponsive to other therapies including conservative care
- There is no other clear structural cause of back pain
- There is no other pain syndrome affecting the spine
- Patient must be selected by at least 80% improvement in pain after each of two diagnostic medial branch blocks, one short-acting; one long-acting
- RFA is limited to one or two facet joints per each intervention, with documented, clinically significant improvement (at least 50% decrease in pain and improvement in function) for six months before further neurotomy at any level in that region of the spine

Cervical Facet Neurotomy for cervical pain is medically necessary when all the following criteria are met:

- Limited to C3 - 4, through C6 -7
- Patient(s) over 17 years of age, and:
- Has at least six months of continuous neck pain referable to the facet joint
- The pain is non-radicular
- Condition is unresponsive to other therapies including conservative care
- There is no other clear structural cause of neck pain
- There is no other pain syndrome affecting the spine
- Patient must be selected by 100% improvement in pain after each of two diagnostic medial branch blocks, one short-acting; one long-acting
- RFA is limited to one facet joint per each intervention, with documented, clinically significant improvement (at least 50% decrease in pain and improvement in function) for six months before further neurotomy at any level in that region of the spine

Repeat Facet Neurotomy (Also called radiofrequency ablation or RFA):

- Repeat RFA involving the same joint will only be considered medically necessary if the patient experienced $\geq 50\%$ improvement of pain and improvement in function documented for at least 6 months
- Diagnostic medial branch nerve blocks are not required prior to a repeat RFA

SPECIAL CONSIDERATIONS

The section of the policy above only applies to spinal injections for the treatment of pain and not to intrathecal injections of medications for treatment of conditions other than pain.

Non-pain indications for spinal injections include:

- Chemotherapy administration
- Spinraza for spinal muscular atrophy
 - Spinraza is reviewed and covered by the HCA with CHPW covering the cost of the intrathecal injections
- Baclofen for spasticity that has failed oral baclofen.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

| PRODUCT LINE | LINK TO CERTIFICATE OF COVERAGE |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MEDICARE ADVANTAGE | http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides |
| WASHINGTON APPLE HEALTH | http://chpw.org/our-plans/apple-health/ |
| INTEGRATED MANAGED CARE | http://chpw.org/our-plans/apple-health/ |

Citations & References

| | | |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CFR | | |
| WAC | WAC 284-43-2050 | |
| RCW | | |
| Contract Citation | <input checked="" type="checkbox"/> WAH | HTA Spinal Injections; 11.2.9 The Contractor shall follow the coverage decisions of the Health Technology Assessment (HTA) program (chapter 182-55 WAC) |
| | <input checked="" type="checkbox"/> IMC | 11 Utilization Management Program and Authorization Services: 11.1 Utilization Management General Requirements: 11.1.23 Health Technology Assessment Program |
| | <input checked="" type="checkbox"/> MA | |
| Other Requirements | | |
| NCQA Elements | | |
| References | https://www.hca.wa.gov/about-hca/health-technology-assessment/spinal-injections Noridian LCD L34980, Lumbar epidural injections Noridian Local Coverage Determination (LCD): Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (L34995) | |

Revision History

| Revision Date | Revision Description | Revision Made By |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 06/09/2016 | New policy written | Kate Brostoff MD |
| 06/28/2016 | Approval | MMLT |
| 05/23/2017 | Policy revised, links updated. Medicare advantage policy source clarified | LuAnn Lawton Chen, MD |
| 05/23/2017 | Approval | MMLT |
| 10/16/2017 | Typo corrected "Maximum of there (3) in six (6) months" changed to "Maximum of three (3) in six (6) months" | Cyndi Stilson, RN |
| 10/16/2017 | Approved | MMLT |
| 03/27/2018 | Changed from UM159 to MM149 | Cindy Bush |
| 04/23/2018 | Transferred to new template | Cindy Bush |
| 05/11/2018 | Incorporated the WA HCA HTA 20140321B: Facet neurotomy to explain clinical coverage criteria for diagnostic Medial Branch Nerve Blocks. Definition of conservative therapy added. List of required documentation added. | LuAnn Chen, MD |
| 06/22/2018 | Approval | UM Committee |
| 07/05/2018 | Links added for Noridian LCDs | LuAnn Chen, MD |
| 08/02/2018 | For Medicare Members, expanded the criteria for spinal injections and specified that the HTA criteria for SI joint injections applies to Medicare Members. For all members, conservative therapy must have failed before spinal injections are approved. | LuAnn Chen, MD |
| 08/14/2018 | Approval | UM Medical Subcommittee |
| 10/24/2018 | Added criteria for second diagnostic medial branch nerve block for after initial approval expires. Added FDA warning for epidural steroid injections. Removed policy context for the HTA. | LuAnn Chen, MD |
| 11/21/2018 | Approval | UM Committee |
| 01/07/2019 | Added requirement for a therapeutic epidural or SI joint injection to contain a corticosteroid medication | LuAnn Chen, MD |
| 01/15/2019 | Approval | UM Committee |
| 01/28/2019 | Added information on lateral branch nerve blocks and radiofrequency ablation for treatment of SI joint pain. Added section on non-pain indications for spinal injections. | LuAnn Chen, MD |

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| 02/01/2019 | Approval | UM Committee |
| 08/28/2019 | Name of the policy changed to include Facet Neurotomy. Facet neurotomy criteria added for Medicare and Apple Health members. Clarified that therapeutic Medial Branch Nerve Blocks and Facet injections and intradiscal injection are not medically necessary, rather than that they are not a covered benefit as stated in the HTA. Added detailed criteria from Noridian LCD for spinal injections for Medicare members. | LuAnn Chen, MD |
| 09/06/2019 | Approval | UM Medical Subcommittee |