SUBJECT: FACET JOINT INJECTIONS (A.K.A. MEDIAL BRANCH BLOCKS)

INCLUDED PRODUCT(S):

Medicaid Commercial Marketplace

- [x] BadgerCare Plus [x] Together with CCHP [x] Together with CCHP
- [x] Care4Kids Program

PURPOSE OR DESCRIPTION:
The purpose of this policy is to define criteria for the medically necessary use of facet joint injections for cervical and lumbar spinal pain. These injections are typically used as a trial procedure to determine if a therapeutic benefit is likely from a facet neurotomy by radiofrequency nerve ablation done at the same level.

POLICY:
CCHP policy will follow Milliman Careweb policy with one exception: CCHP policy will require a trial and failure of 3 months' or more nonoperative management in one of three areas (not all three as in Careweb): Exercise program; pharmacotherapy; physical or spinal manipulation therapy. As such, CCHP policy is as follows:

1. Facet joint injection may be indicated when ALL of the following are present:
   a. Diagnostic medial branch nerve block is needed to confirm facet joint as source of spinal pain.
   b. Patient is candidate for facet neurotomy, [*] as indicated by ALL of the following:
i. Chronic spinal pain (at least 3 months’ duration) originating from 1 or more of the following:
   - Neck (eg, following whiplash injury)
   - Low back

ii. Failure of 3 months or more of nonoperative management, as indicated by ONE of the following:
   - Exercise program
   - Pharmacotherapy
   - Physical therapy or spinal manipulation therapy

iii. Imaging studies have ruled out other causes of spinal pain (eg, herniated disk, spinal stenosis, fracture, tumor).

iv. Limited number of prior facet neurotomies, as indicated by 1 or more of the following:
   - No prior history of facet neurotomy
   - Prior history of not more than a series of 3 successful single or multilevel facet neurotomies, each providing at least 6 months or more of pain relief in same region (eg, neck or back)

c. No coagulopathy
d. No current infection

REFERENCES: