SUBJECT: FACET NEUROTOMY BY RADIOFREQUENCY ABLATION FOR SPINAL PAIN

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PURPOSE OR DESCRIPTION:
The purpose of this policy is to define criteria for the medically necessary use of facet neurotomy by radiofrequency ablation (RFA) for spinal pain.

POLICY:
CCHP will follow MCG Careweb guidelines for the appropriateness of facet neurotomy by RFA for spinal pain with the following exceptions:

1. A failure of 3 months or more of nonoperative management is defined as a failure of any one of the listed nonoperative modalities (exercise program, pharmacotherapy, physical therapy, spinal manipulation therapy), and is not defined as a failure of all 3 as specified in Careweb.

2. The MCG criteria regarding previous medial branch blocks (MBB) can be met by either of the following:
a. One MBB with at least 80% improvement in pain, completed within 6 months of the authorization request or
b. Two consecutive MBBs each with at least 50% improvement in pain, both completed within 6 months of the authorization request.

With these exceptions included, the complete CCHP policy is as follows:

1) Facet neurotomy may be indicated when ALL of the following are present:
   a) Chronic spinal pain (at least 3 months' duration) originating from 1 or more of the following:
      i) Cervical spine (eg, following whiplash injury)
      ii) Lumbar spine
   b) Failure of 3 months or more of nonoperative management, as indicated by ONE of the following:
      i) Exercise program
      ii) Pharmacotherapy
      iii) Physical therapy or spinal manipulation therapy
   c) Fluoroscopically guided controlled local anesthetic blocks of medial branches of dorsal spinal nerves have been completed within 6 months of the authorization request and either:
      i) One MBB achieved at least 80% pain relief from baseline, or
      ii) Two consecutive MBBs each achieved at least 50% pain relief from baseline
   d) Imaging studies have ruled out other causes of spinal pain (eg, herniated disk, spinal stenosis, fracture, tumor).
   e) Limited number of prior facet neurotomies, as indicated by 1 or more of the following:
      i) No prior history of facet neurotomy
      ii) 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)
   f) No coagulopathy
   g) No current infection

REFERENCES:
1. Facet Neurotomy ACG: A-0218 (AC),