

Children's Hospital and Health System Children's Community Health Plan Policy and Procedure

This policy applies to the following entity(s):

- | | |
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| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Children's Community Health Plan |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: FACET NEUROTOMY BY RADIOFREQUENCY ABLATION FOR SPINAL PAIN

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Commercial

Together with CCHP

Marketplace

Together with CCHP

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:

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Reviewed:

Revised: 6/17; 9/17

Developed by: CCHP Medical Directors and Executive Director Health Plan Clinical Services

- 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),
MCG Health; CareWebQI Version: 9.2, Content Version: 21.1, 2017 MCG Health, LLC ;

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