Children’s Hospital and Health System  
Chorus Community Health Plans  
Policy and Procedure

This policy applies to the following entity(s):

| CHW – Milwaukee | CHW - Fox Valley |
| CHHS Foundation  | CHW - Surgicenter |
| CHW – Community Services Division | Chorus Community Health Plans |
| Children’s Medical Group - Primary Care | Children’s Specialty Group |
| Children’s Medical Group - Urgent Care | CHHS Corporate Departments |

Medical Utilization Management Policy

**SUBJECT:** FACET NEUROTOMY BY RADIOFREQUENCY ABLATION FOR SPINAL PAIN

**INCLUDED PRODUCT(S):**

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<th>Medicaid</th>
<th>Individual and Family</th>
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</thead>
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<tr>
<td>BadgerCare Plus</td>
<td>Commercial</td>
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<tr>
<td>Care4Kids Program</td>
<td>Marketplace</td>
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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:**
Facet neurotomy by radiofrequency ablation (RFA) may be indicated when **ALL** of the following are present:
1) Chronic pain (duration of 3 or more months) originating from the cervical, thoracic or lumbar spine
2) Failure of 3 months or more of nonoperative management, as indicated by **ONE** of the following:
   a) Exercise program
   b) Pharmacotherapy
   c) Physical therapy
   d) Spinal manipulation therapy
3) **ONE** of the following is required:
   a) For initial RFA, fluoroscopically guided local anesthetic medial branch blocks (MBB) of the proposed 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
   b) For repeat RFA at the same spinal level and side, 6 months of time must have passed since the most recent RFA. In addition, **ONE** of the following is required:
      i) The potential benefit of each repeat RFA has been verified by MBBs which meet the same criteria outlined in section 3a, OR
      ii) The most recent prior RFA at the same spinal level and side showed at least 50% pain reduction for a period of 3 or more months.
4) Imaging studies and physical examination have ruled out other causes of spinal pain (eg, fracture, herniated disk, spinal stenosis, tumor).
5) No more than 3 facet joints per side, per region (cervical, thoracic or lumbar) should be performed during the same session.
6) For each spinal region, no more than two (2) facet neurotomy procedures will be considered medically necessary in any 12 month rolling period of time.
7) No coagulopathy (no current use of anticoagulants or antiplatelet therapy is not a criteria)
8) No current infection

**REFERENCES:**
1. Facet Neurotomy ACG: A-0218 (AC); MCG Health; CareWebQI Version: 11.5, Content Version: 23.0, 2019 MCG Health, LLC