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

INCLUDED PRODUCT(S):

- Medicaid
  - BadgerCare Plus
  - Care4Kids Program

- Individual and Family
  - Commercial
  - Marketplace

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:
Facet joint injection (also known as medial branch block) may be indicated when ALL of the following are present:

1. Diagnostic medial branch nerve block is needed to confirm facet joint as source of spinal pain.
2. Patient is a candidate for facet neurotomy (a.k.a. radiofrequency facet joint ablations, RFAs) as indicated by ALL of the following:
a. Chronic spinal pain (at least 3 months' duration) originating from 1 or more of the following:
   i. Neck (eg, following whiplash injury)
   ii. Low back
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. Imaging studies and physical examination have ruled out other causes of spinal pain (eg, herniated disk, spinal stenosis, fracture, tumor).
d. When there has been one or more prior facet neurotomies in the same region (cervical or lumbar) and side (right or left):
   i. The most recent prior RFA in the same region and side must be at least six months prior to the first MBB testing for any repeat RFA.
e. No coagulopathy (no current use of anticoagulants or antiplatelet therapy is not a criteria)
f. No current infection

REFERENCES:

1. MCG Guideline A-O695 (AC) Facet Joint Injection; MCG Health Ambulatory Care 23rd Edition. Copyright © 2019 MCG Health, LLC