

# Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- |  |   |
|--|---|
| <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"/> Chorus Community Health Plans |
| <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

##### Individual and Family

Commercial

Marketplace

#### 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 (RFA) may be indicated when **ALL** of the following are present:

- 1) Chronic spinal pain (at least 3 months' duration) originating from **1 or more** of the following:
  - a) Cervical spine (eg, following whiplash injury)
  - b) Lumbar spine
- 2) Failure of 3 months or more of nonoperative management, as indicated by **ONE** of the following:

Effective: 5/16

Revised: 7/19, 4/18, 9/17, 6/17, 2/20

Reviewed: 10/21

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

- a) Exercise program
  - b) Pharmacotherapy
  - c) Physical therapy or spinal manipulation therapy
- 3) Fluoroscopically guided controlled local anesthetic blocks of medial branches of dorsal spinal nerves (MBB) have been completed within 6 months of the authorization request and either:
- a) One MBB achieved at least 80% pain relief from baseline, or
  - b) Two consecutive MBBs each achieved at least 50% pain relief from baseline
- 4) Imaging studies and physical examination have ruled out other causes of spinal pain (eg, herniated disk, spinal stenosis, fracture, tumor).
- 5) When there has been one or more prior RFAs in the same region and side (cervical or lumbar):
- a) The potential benefit of each repeat RFA must still be verified by MBBs which meet the same criteria as outlined above in section “3”.
  - b) The most recent prior RFA in the same region and side must be at least six months prior to the first MBB testing for the repeat RFA.
- 6) No coagulopathy (no current use of anticoagulants or antiplatelet therapy is not a criteria)
- 7) 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

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