

# 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 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

Effective: 5/16

Revised: 6/23

Last reviewed: 10/23

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- 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

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