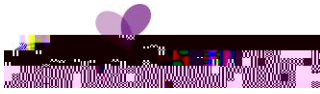


MEDICAL POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Intraosseous Basivertebral Nerve Ablation-MP-MM-1376	05/01/2024
Policy Type	
MEDICAL	

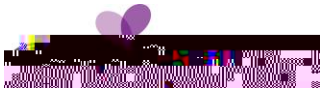
Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local



HEP – A 6-week program requiring an exercise prescription and/or plan and a follow-up documented in the medical record after completion, or documentation of the inability to complete the HEP due to a stated physical reason (ie, increased pain, inability to physically perform exercises). Patient inconvenience or noncompliance without explanation does not constitute an inability to complete.

- **Inactive Conservative Therapies** – Passive activities by the patient that aid in treating symptoms associated with pain, including rest, ice, heat, medical devices, TENS use, and/or pharmacotherapy (prescription or over the counter [eg, non-steroidal anti-inflammatory drugs, acetaminophen]).

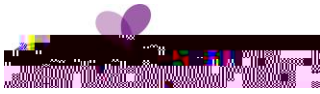
Transcutaneous Electrical Nerve Stimulator (TENS) – A device that utilizes electrical curr



2. hyperintense T1-weighted signal and hyperintense T2-weighted signal (ie, bone marrow ischemia)
- D. device is FDA-approved (eg, Intracept System)
- E. member does not have any of the following contraindications:
1. severe cardiac or pulmonary compromise
 2. member has a targeted ablation zone

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

The MEDICAL Policy Statement detailed above has received due considerat



14. Viswanathan VK, Shetty AP, Rajasekaran S. Modic changes: an evidence-based, narrative review on its pathophysiology, clinical significance and role in chronic low back pain. *J Clin Orthop Trauma*. 2020;11(5):761-769.
doi:10.1016/j.jcot.2020.06.025

Independent medical review 2022

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.