

MEDICAL POLICY STATEMENT

North Carolina Marketplace

Policy Name & Number	Date Effective
Facet Joint Interventions-NC MP-MM-1363	08/01/2024
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 area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements,

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.



A. Subject

Facet Joint Interventions

B. Background

An estimated 84% of adults experience back pain during their lifetime. Long-term outcomes are largely favorable for most patients, but a small percentage of patients' symptoms persist. Persistent pain is categorized as subacute when it lasts between 4 and 12 weeks and chronic when it persists for at least 3 months. Facet joint pain comprises 27%-40% of patients with chronic low back pain (LBP).

Comprehensive pain management care plans are most effective in managing a patient's chronic pain. These plans focus on a persu [()] TJ ET Q EMC /Span <</MCID 5/Lang (en-US)>> B

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

6. Imaging studies and physical exam ruled out other causes of spinal pain (eg, fracture, tumor, infection, herniated disk, spinal stenosis, significant deformity).
 7. Patient history with at least 3 months of moderate to severe pain with functional impairment that has not adequately responded to active and inactive conservative therapy.
 8. Failure of conservative therapy as evidenced by ALL of the following:
 - a. Documentation in the medical record of at least 6 weeks of active conservative therapy (as defined above) within the past 6 months OR inability to complete active conservative therapy due to contraindication, increased pain, or intolerance.
 - b. Documentation in the medical record of at least 6 weeks of inactive conservative therapy (as defined above) within the past 6 months.
 9. There is no coagulopathy.
 10. There is no current infection at the injection site.
- B. Diagnostic medial branch nerve blocks are NOT considered medically necessary when RFA is not being considered as a treatment option.
- II. Radiofrequency Ablation (RFA) for Facet Joint Pain
- A. Initial RFA for facet joint pain is considered medically when in the past 36 months
 2. 2 successful medial branch nerve block injections



B. Intra-

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