National Imaging Associates, Inc.*	
Clinical guidelines: **PARAVERTEBRAL FACET JOINT INJECTIONS OR BLOCKS ~~(no U/S)~~**	**Original Date: October 2012**
CPT Codes: **Cervical Thoracic Region: 64490 (+ 64491, +64492) 0213T, +0214T, +0215T** **Lumbar Region: 64493 (+64494, +64495) 0216T, +0217T, +0218T**	**Last Revised Date: ~~June~~ May 2022~~1~~**
Guideline Number: NIA_CG_301	**Implementation Date: January 2023~~2~~**

Note: Any injection performed at least two years from prior injections in the same region will be considered a new episode of care and the INITIAL injection requirements must be met for approval. Events such as surgery on the same spinal region or any new pathology would also prompt a new episode of care.

INDICATIONS FOR FACET JOINT INJECTIONS OR MEDIAL BRANCH NERVE BLOCKS

To confirm non-radicular pain suggestive of facet joint origin ALL of the following must be met:

~~**INDICATIONS FOR FACET JOINT INJECTIONS OR MEDIAL BRANCH NERVE BLOCKS (Cervical, Thoracic, Lumbar)**~~

~~To confirm disabling non-radicular low back (lumbar), mid back (thoracic), or neck (cervical, C2-T1) pain*, suggestive of facet joint origin as documented in the medical record based upon **ALL** of the following:~~

- History~~, consisting~~ of mainly axial or non-radicular pain unless stenosis is caused by synovial cyst[1-3] ~~(Khan, 2006; Manchikanti, 2013, 2009); **AND**~~
- Lack of **evidence that the primary source of pain being treated is from discogenic pain, sacroiliac joint pain, disc herniation, or radiculitis**[1]~~evidence, either for discogenic or sacroiliac joint pain as the main pain generators~~[1-3] ~~(Manchikanti, 2013, 2009); **AND**~~
- ~~Lack of disc herniation or evidence of radiculitis as the main pain generators unless stenosis is caused by synovial cyst[1-3] (Khan, 2006; Manchikanti, 2013, 2009); **AND**~~

* National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.

- Pain causing functional disability or **average** pain levels of ≥ 6 on a scale of 0 to 10 [2-4] ~~(Manchikanti, 2013, 2009; Summers, 2013); **AND**~~
- Duration of pain of at least **3 months**[2, 3] ~~(Manchikanti, 2013, 2009); **AND**~~
- **Failure to respond to non-operative conservative therapy* targeting the requested spinal region for a minimum of 6 weeks in the last 6 months unless the medical reason this treatment cannot be done is clearly documented; OR details of engagement in ongoing non-operative conservative therapy* if the individual has had prior spinal injections in the same region**[2, 4, 5]

  ~~• Failure to respond to conservative non-operative therapy management* for a minimum of 6 weeks in the last 6 months prior to facet injections, or details of active engagement in other forms of active conservative non-operative treatment, if the patient had prior spinal injections, unless the medical reason this treatment cannot be done is clearly documented[2, 4, 5] (Manchikanti, 2013; Summers, 2013); **AND**~~

  ~~All procedures must be performed using fluoroscopic or CT guidance (Amrhein, 2016; Weininger, 2013).[6-10]~~

NOTE: All procedures must be performed using fluoroscopic, US, or CT guidance.[6-10] ~~**Ultrasound guidance is not a covered benefit and a procedure performed using ultrasound guidance is not reimbursable.**~~

FREQUENCY OF REPEAT INJECTIONS

Facet joint injections and medial branch nerve blocks may be repeated only as medically necessary. Each injection requires an authorization, and the following criteria must be met for repeat injections:

- **Up to 2 injections may be performed in the initial diagnostic phase, no sooner than 2 weeks apart, provided at least 50% pain relief or significant documented functional improvement is obtained. If the most recent injection was a diagnostic block with local anesthetic only, there must be at least 7 days between injections.** [2]
- **If the first injection is unsuccessful, a second injection may be performed at a different spinal level or with a change in technique (i.e., from an intra-articular facet injection to a medial branch nerve block) given there is a question about the pain generator or evidence of multi-level pathology**
- **Facet joint injections may only be repeated after the initial diagnostic phase if symptoms return, and the individual has had at least 50% pain relief or significant documented functional improvement for a minimum of 2 months after each therapeutic injection**[2]
- **The individual continues to have pain causing functional disability or average pain levels ≥ 6 on a scale of 0 to 10**[2, 4]

- **The individual is engaged in ongoing active conservative therapy*, unless the medical reason this treatment cannot be done is clearly documented. Diagnostic injections within 1 month of the previous injection do not require documentation of ongoing active conservative therapy.**

~~FREQUENCY OF FACET BLOCK~~

- ~~There must be a minimum of 14 days between injections or 7 days if the most recent injection was diagnostic facet nerve blocks with local anesthetic only (Manchikanti, 2013).[2]~~
- ~~The patient continues to have ongoing pain or documented functional disability;~~
  - ~~Pain causing functional disability or pain level ≥ 6 on a scale of 0 to 10[2-4] (Manchikanti, 2013, 2009; Summers, 2013).~~
  - ~~Must have a positive response of ≥ 50% pain relief or improved ability to function or a change levels or in technique, for example from an initial intraarticular facet block to a medial branch nerve block to be considered.~~
  - ~~Repeat therapeutic injections should be performed at a frequency of 2 months or longer provided at least 50% relief is obtained for a minimum of 2 months after the previous injection (Manchikanti, 2013).[2]~~
- ~~Conservative therapy~~
  - ~~For a diagnostic injection more than one month from the prior diagnostic injection, the patient is actively engaged in other forms of active conservative non-operative treatment, unless pain or another medical reason prevents the patient from participating in conservative therapy*~~
  - ~~For therapeutic injections, the patient is actively engaged in other forms of active conservative non-operative treatment, unless pain or another medical reason prevents the patient from participating in conservative therapy*[4, 11] (Qassem, 2017; Summers, 2013).~~
- In the diagnostic phase, a maximum of 2 procedures may be performed. **Repeat diagnostic injections are allowable if there is a question about the pain generator, different levels are to be targeted, or if there is surgery in the same spinal region.**
- **Repeat therapeutic injections should not be performed more frequently than every 2 months with a maximum of 4 injections in a 12-month period per spinal region (except under unusual circumstances, such as a recurrent injury).[2]**
- **If different spinal regions are being treated, injections should be administered at intervals of no sooner than 7 days unless a medical reason is provided to necessitate injecting multiple regions on the same date of service (see NOTE)[2]**
- **Unilateral injections performed at the same level on the right vs. left within 1 month of each other would be considered as one procedure toward the total number of facet procedures allowed per 12 months.[2]~~In the therapeutic phase a maximum of 4~~**

~~**procedures per region every 12 months except under unusual circumstances such as a recurrent injury.** (NOTE: Unilateral facet blocks performed at the same level on the right vs. left within 2 weeks of each other would be considered as one procedure) (Manchikanti, 2013).[2]~~

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- ~~If the procedures are applied for different regions, they may be performed at one week intervals for most types of procedures (Manchikanti, 2013).[2]~~

Radiofrequency neurolysis procedures should be considered in individuals with successful medial branch nerve blocks (at least 70% pain relief or improved ability to function), but with insufficient sustained relief (less than 2-3 months improvement).[2, 4]

~~**Radiofrequency** neurolysis procedures should be considered in patients with **at least 70% pain** relief or improved ability to **function, from medial branch nerve blocks, but with insufficient sustained** relief (less than 2-3 months improvement) (Manchikanti, 2013; Summers, 2013).[2, 4]~~

NOTE: It is generally considered not medically necessary to perform multiple interventional pain procedures on the same date of service. Documentation of a medical reason to perform injections in different regions on the same day can be provided and will be considered on a case-by-case basis (i.e., holding anticoagulation therapy on two separate dates creates undue risk for the patient). Different types of injections in the same spinal region (cervical, thoracic, or lumbar) should not be done on the same day with the exception of a facet injection and ESI performed in the same session for a synovial cyst.~~Diagnostic facet injections, performed on the same day as other injections, are not valid diagnostic procedures, and are not medically necessary.~~

EXCLUSIONS

These requests are excluded from consideration under this guideline:

- **Lateral branch blocks**
- **Occipital nerve blocks**

CONTRAINDICATIONS FOR FACET JOINT INJECTIONS

- **Active systemic or spinal infection**
- **Skin infection at the site of needle puncture**
- **Inability to obtain percutaneous access to the target facet joint**
- ~~History of allergy to contrast administration, local anesthetics, steroids, or other drugs potentially utilized~~

- ~~Hypovolemia~~
- ~~Infection over puncture site~~
- ~~Bleeding disorders or coagulopathy~~
- ~~History of allergy to medications to be administered~~
- ~~Inability to obtain percutaneous access to the target facet joint~~
- ~~Progressive neurological disorder which may be masked by the procedure~~
- ~~Pregnancy~~
- ~~Spinal infection; OR~~
- ~~Acute fracture~~

BACKGROUND

Facet joints, (also called zygapophyseial joints or z-joints), posterior to the vertebral bodies in the spinal column and connecting the vertebral bodies to each other, are located at the junction of the inferior articular process of a more cephalad vertebra and the superior articular process of a more caudal vertebra. These joints provide stability and enable movement, allowing the spine to bend, twist, and extend in different directions. They also restrict hyperextension and hyperflexion.[2, 11]

Facet joints are clinically important spinal pain generators in ~~patients~~ **individuals** with chronic spinal pain. In **15 – 45%** ~~patients~~ **of individuals** with chronic low back pain, facet joints have been implicated as a cause of the pain ~~in 15% to 45% of patients~~. Facet joints are considered as the cause of chronic spinal pain in 48% of ~~patients~~ **individuals** with thoracic pain and ~~54% to 67%~~**54 – 67%** of ~~patients~~ **individuals** with chronic neck pain.[12] Facet joints may refer pain to adjacent structures, making the underlying diagnosis difficult as referred pain may assume a pseudoradicular pattern. Lumbar facet joints may refer pain to the back, buttocks, and lower extremities while cervical facet joints may refer pain to the head, neck, and shoulders.

Imaging findings are of little value in determining the source and location of 'facet joint syndrome', a term originally used by ~~(~~Ghormley[13] **in ,** ~~–~~1933,~~) and~~ referring to back pain caused by pathology at the facet joints. Imaging studies may detect changes in facet joint architecture, but correlation between radiologic findings and symptoms is unreliable. Although clinical signs are also unsuitable for diagnosing facet joint-mediated pain, they may be of value in selecting ~~patient~~**individual**s for controlled local anesthetic blocks of either the medial branches or the facet joint itself.[14]

Medical necessity management for paravertebral facet injections includes an initial evaluation including history and physical examination and a psychosocial and functional assessment. The following must be determined: nature of the suspected organic problem; non-responsiveness to conservative treatment*; level of pain and functional disability; conditions which may be contraindications to paravertebral facet injections; and responsiveness to prior interventions.

The most common source of chronic pain is the spine, and ~~about two-thirds~~**up to 80%** of the U.S. population suffers from spinal pain sometime during their life span.[15] Facet joint interventions are used in the treatment of pain in certain ~~patient~~**individuals** with a confirmed diagnosis of facet joint pain. Interventions include intraarticular injections and medial branch nerve blocks in the lumbar, cervical, and thoracic spine. Prior to performing this procedure, shared decision-making between patient and physician must occur, and **the** patient must understand the procedure and its potential risks and results. Facet joint injections or medial branch nerve blocks require guidance imaging.

OVERVIEW

***Conservative Therapy - Non-operative treatment should include a multimodality approach consisting of a combination of active and inactive components. Inactive components can include rest, ice, heat, modified activities, medical devices, acupuncture, stimulators, medications, injections, and diathermy. Active modalities should be region-specific (targeting the cervical, thoracic, or lumbar spine) and consist of physical therapy, a physician-supervised home exercise program**, or chiropractic care.[4, 16]**

****Home Exercise Program (HEP) - The following two elements are required to meet guidelines for completion of conservative therapy:**

- **Documentation of an exercise prescription/plan provided by a physician, physical therapist, or chiropractor[16-18] ; AND**
- **Follow-up documentation regarding completion of HEP after the required 6-week timeframe or inability to complete HEP due to a documented medical reason (i.e., increased pain or inability to physically perform exercises). Closure of medical offices, closure of therapy offices, patient inconvenience, or noncompliance without explanation does not constitute "inability to complete" HEP.[4, 16]**

~~***Conservative Therapy:** (Spine) should include a multimodality approach consisting of a combination of active and inactive components. Inactive components, such as rest, ice, heat, modified activities, medical devices, acupuncture or stimulators, medications, injections (including trigger point), and diathermy can be utilized. Active modalities consist of physical~~

~~therapy, a physician supervised home exercise program**, or chiropractic care (Qassem, 2017; Summers, 2013).[4, 5, 16]~~

~~**Home Exercise Program (HEP) – the following two elements are required to meet guidelines for completion of conservative therapy[16-18]:~~

- ~~Documentation provided of an exercise prescription/plan (Qassem, 2017; Sculco, 2001); AND –~~
- ~~Follow up with member with documentation provided regarding completion of HEP, (after suitable 6-week period) or inability to complete HEP due to physical reason- i.e., increased pain, inability to physically perform exercises. Closure of medical offices, closure of therapy offices, patient inconvenience, or noncompliance without explanation, does not constitute "inability to complete" HEP.~~

Terminology: Facet Injections; Facet Joint Blocks; Paravertebral Facet Injections; Paravertebral Facet Joint Injections; Paravertebral Facet Joint Nerve Injections; Zygapophyseal injections; Lumbar Facet Blockade; Medial Branch blocks

POLICY HISTORY

Date	Summary
May 2022	• Added note to clarify when INITIAL injection requirements must be met for approval • Reorganized indications for clarity and uniformity • Added region-specific wording to conservative treatment requirement (e.g., conservative therapy targeting the requested spinal region) • Simplified indications by combining two "lack of evidence" indications • Clarified "average" pain levels • Add US guidance for procedure as option (in addition to fluoroscopic or CT guidance) • Extended the interval from 2 weeks to 1 month • Clarified that repeat diagnostic injections are allowable after an unsuccessful rf denervation under certain conditions • Updated Contraindications section • Added an Exclusions section, including lateral branch blocks and occipital nerve blocks • Updated Frequency of Repeat Injections section • Clarified lack of medical necessity of performing multiple pain procedures on same DOS
June 2021	No change

October 2020	• Removed: *Facet blocks should not be performed at same levels as previous surgical fusion* • Removed: Pain causing functional disability or average pain levels of ≥ 6 on a scale of 0 to 10 (Manchikanti, 2013, 2009; Summers, 2013) • Updated Home Exercise Program section to include: *Closure of medical offices, closure of therapy offices*, patient inconvenience, or noncompliance without explanation, does not constitute "inability to complete" HEP.
October 2019	• Removed 'positive facet blocks' and added 'medial branch nerve blocks': *Radiofrequency neurolysis procedures should be considered in patients with at least 70% pain relief or improved ability to function, from medial branch nerve blocks, but with insufficient sustained relief (less than 2-3 months improvement)* • Added details to conservative therapy section
November 2018	• "Indications" title – Added: 'cervical, thoracic, lumbar' • Frequency of Facet Block: changed example from 'facet joint nerve' to 'medial branch nerve' in the following: 'There must be a positive response of ≥ 50% pain relief or improved ability to function or a change in technique, for example, from an initial intraarticular facet block to a medial branch nerve block. • Frequency of Facet Block: Added: 'There must be a minimum of 14 days between injections *or 7 days if the most recent injection was diagnostic facet nerve block(s) with local anesthetic only*' • Background section: Removed examples of yoga, Tai Chi, aerobic exercise from HEP • Added and updated references

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Reviewed / Approved by NIA Clinical Guideline Committee

~~**GENERAL INFORMATION**~~

~~It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.~~

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ADDITIONAL RESOURCES

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