National Imaging Associates, Inc.	
Clinical guidelines: **PARAVERTEBRAL FACET JOINT INJECTIONS OR BLOCKS**	**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: May 2023 ~~May 2022~~**
Guideline Number: NIA_CG_301	**Implementation Date: January 2024~~23~~**

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

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[1-4]

See Legislative Requirements for specific mandates in the State of Washington

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

- History of mainly axial or non-radicular pain unless stenosis is caused by synovial cyst[5-7]
- Lack of evidence that the primary source of pain being treated is from ~~-~~ sacroiliac joint pain, discogenic pain~~, sacroiliac joint pain~~, disc herniation, or radiculitis[5-7]

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- For chronic lumbar spondylolysis, imaging studies that confirm the presence of a pars interarticularis fracture/defect are required
- Pain causing functional disability or average pain level~~s~~ of ≥ 6 on a scale of 0 to 10 [6-8]
- Duration of pain of at least **3 months**[6, 7]
- 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[6, 8, 9]
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NOTE: ~~-~~All procedures must be performed ~~using fluoroscopic, US, or CT~~under imaging guidance.[10-14]

~~FREQUENCY OF~~INDICATIONS FOR 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[6]
  - ~~.~~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~~. e.g., 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[6]
- The individual continues to have pain causing functional disability or average pain level~~s~~ ≥ 6 on a scale of 0 to 10[6, 8]
- The individual is engaged in ongoing active conservative therapy*, unless the medical reason this treatment cannot be done is clearly documented[6, 8, 9]
  - ~~.~~Diagnostic injections within 1 month of the previous injection do not require documentation of ongoing active conservative therapy~~.~~
- In the diagnostic phase, a maximum of 2 procedures may be performed. Repeat diagnostic injections after successful radiofrequency neurolysis 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~~A maximum of 4 facet injections may be performed in a 12-month period **per spinal region** (except under unusual circumstances, such as a recurrent injury).[6]
    - 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.[6]
- 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)[6]
- ~~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]~~

Radiofrequency neurolysis procedures should be considered in individuals with a successful medial branch nerve block~~s~~ (at least 70% pain relief or improved ability to function), but with insufficient sustained relief (less than 2-3 months improvement).[6, 8]

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.~~e.g., 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~~ during the same session for a synovial cyst confirmed on imaging.

EXCLUSIONS

These requests are excluded from consideration under this guideline:

- ~~Lateral branch blocks~~Sacral lateral branch blocks (S1, S2, S3)
- Atlantoaxial joint injections (C1-2)
- Occipital nerve blocks
- Hardware injection or block for diagnosis or treatment of post-surgical or other spine pain

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

LEGISLATIVE REQUIREMENTS

- Washington
  - Washington State Health Care Authority Health Technology Assessment 20160318B – Spinal Injections[15, 16]
    - Therapeutic medial branch nerve block injections, intradiscal injections and facet injections are not a covered benefit.[15]
    - Washington State Health Care Authority oversees the Apple Health (Medicaid) program and the Public Employees Benefits Board (PEBB) Program.[17]

BACKGROUND

Facet joints, (also called zygapophyseal 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.[6, 18]

Facet joints are clinically important spinal pain generators in individuals with chronic spinal pain. In 15 – 45% of individuals with chronic low back pain, facet joints have been implicated as a cause of the pain. Facet joints are considered as the cause of chronic spinal pain in 48% of individuals with thoracic pain and 54 – 67% of individuals with chronic neck pain.[19] 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[20] in 1933, 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 individuals for controlled local anesthetic blocks of either the medial branches or the facet joint itself.[21]

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 up to 80% of the U.S. population suffers from spinal pain sometime during their life span.[22] Facet joint interventions are used in the treatment of pain in certain 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.[8, 23]

****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[23-25] ; **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.,~~e.g., 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.[8, 23]

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**~~
~~2023~~	~~—~~
~~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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~~ADDITIONAL RESOURCES~~

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Reviewed / Approved by NIA Clinical Guideline Committee

POLICY HISTORY

Date	Summary

May 2023	• Expanded indication for pars interarticularis
	• Added to exclusions
	  ○ Sacral lateral branch block (S1, S2, S3)
	  ○ Atlantoaxial joint injections (C1-2)
	  ○ Hardware injection or block for dx or treatment of post-surgical or other spine pain
	• Added references

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

Reviewed / Approved by NIA Clinical Guideline Committee

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