

MEDICAL POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Facet Joint Interventions-OH MCD-MM-0967	09/01/2024
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, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of



A. Subject
Facet Joint Interventions

B. Background

An estimated 84% of adults experience back pain during their lifetime. Long-term 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).

& R P S U H K H Q V L Y H S D L Q P D Q D J H P H Q W F D U H S O D Q V D U H P R V W chronic pain. These plans focus on a person-centered approach and incorporate conservative treatment with other modalities. These multidisciplinary treatments promote self- P D Q D J H P H Q W D Q G D L P W R U H G X F H W K H L P S D F W R I S D L Q I the pain cannot be relieved completely. In addition to conservative therapy, treatment options may include nonpharmacologic or pharmacologic treatments, and nonsurgical or surgical interventions. Only physicians qualified in interventional procedures BT/54 in 1.04 Tf6] TJET 0.0 unresponsive to conservative treatment should perform

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

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- A. Medial branch nerve block injections are unproven for the treatment of chronic spinal pain. Routine therapeutic injections will not be authorized for chronic pain management.
- B. Intra-articular facet joint injections for neck and back pain are not considered medically necessary as there is limited evidence and the efficacy has not been established.
- C. Intra-articular facet joint injections do not qualify as diagnostic information for a proposed neurotomy.

V. Spinal Cord Stimulators/Pain Pumps
Patients with indwelling implanted spinal cord stimulators or pain pumps should include a device interrogation report with the required medical records for medical necessity review requests. If a device is not functioning properly, an escalation in pain may warrant evaluation and management of the implanted device.

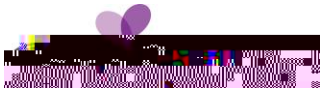
E. Conditions of Coverage
N/A

F. Related Policies/Rules
N/A

G. Review/Revision History

DATE		ACTION
Date Issued	05/13/2020	This policy replaces the Facet Medial Branch Nerve Block and Radiofrequency Facet Ablation policies. Added criteria re: exclusion of repeat diagnostic injections for RFA.
Date Revised	07/22/2020	[REDACTED]
	11/11/2020	
	07/21/2021	
	06/22/2022	
	06/21/2023	
	05/08/2024	

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2020 guidelines. Pain Physician. 2020;23(3S):S1-S127. Accessed April 25, 2024.

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