



Clinical Review Criteria Related to Radiofrequency Ablation for Spinal Pain

I. Criteria for Approval

- A. Radiofrequency Ablation facet denervation (also known as facet neurotomy, facet rhizotomy or articular rhizolysis) for chronic cervical, thoracic, or lumbar pain is considered medically necessary when **ALL** clinical criteria are met.
1. Documentation of a comprehensive pain evaluation with a comprehensive treatment plan (e.g., medications, rehabilitation, psychological assessment and intervention as appropriate).
 2. Diagnosis of chronic severe somatic, **non-radicular** back pain (cervical, thoracic, or lumbar: (ALL)
 - a. Affecting activity of daily living functional ability
 - b. Unresponsive to the following methods of pain control:
 - o A trial of conservative treatment modalities have been tried and failed for a minimum of three months: (ALL)
 - i. Activity modification; and
 - ii. Physical therapy; and
 - iii. Medications: (NSAIDS/anti-inflammatories, analgesics, corticosteroids, muscle relaxants, or opiates).
 3. Documentation that pain has limited the member's activities of daily living.
 4. Absence of a prior spinal fusion at the levels to be treated.
 5. Neuro-imaging studies are negative of pathology; requires treatment of pathology before consideration of facet injections
 - Disc herniation
 - Spinal stenosis
 - Spondylolisthesis
 - Fracture
 - Remedial spinal lesions
 - Ankylopoietica
 - Discogenic or stenotic compression
 - Malignancy
 - Infection

- Trauma

Documentation of a successful diagnostic facet injection trial as evidenced by 80% symptom or pain relief for the duration of the anesthetic administered.

6. **No more than two joint levels are to be performed at one time**
7. Age 18 or older

II. Continuation of Therapy

A. Repeat radiofrequency ablation therapy may be authorized for members who meet the following criteria: (ALL)

1. At least six months have elapsed since the previous radiofrequency ablation treatment (maximum of two procedures per region annually; and
2. Cervical/thoracic are considered one region and lumbar/sacral are considered one region; and
3. **No more than two joint levels are to be performed at one time; and**
4. 80% pain relief is obtained, with associated functional improvement, for at least 10 weeks following the previous treatment; and
5. Documented evidence of functional improvement; and
6. Documented of decreased use of pain medications

III. What is Not Covered

A. Thermal radiofrequency ablation is unproven for the following causes of spinal pain:

1. Diabetic neuropathy
2. Sacroiliac pain (SI joint pain)
3. Complex regional pain syndrome or regional pain disorders and syndromes in the absence of spinal pain
4. Definitive clinical and/or imaging findings identifying a condition requiring surgical treatment
5. Identified specific causes of spinal pain (e.g., disc herniation) requiring definitive treatment.

B. The following ablation procedures are unproven in the treatment of spinal pain:

1. Pulsed radiofrequency therapy of the facet nerves of the cervical, thoracic or lumbar region and sacral nerve root or dorsal root ganglion.
2. Radiofrequency ablation with temperature less than 60 degrees Celsius.
3. Endoscopic radiofrequency ablation (rhizotomy).
4. Cryoablation (cryodenervation, cryoneurolysis, cryosurgery).
5. Chemical Ablation (including but not limited to alcohol, phenol or sodium morrhuate).
6. Laser ablation (including pulsed, continuous or low level).

C. **A 2012 Hayes Directory Report on Radiofrequency Ablation for Sacroiliac Joint Pain** states that although the data is insufficient to draw any definitive conclusions about the efficacy and safety of radiofrequency ablation (RFA) in patients with sacroiliac (SI) joint pain, there is some limited evidence that conventional RFA can provide short-term (3 to 6 months) pain relief in patients who have SI joint pain that is responsive to injection of local anesthetic. Several studies suggest that cooled RFA may have a pain-relieving effect that is comparable to that of conventional RFA, although the evidence is too sparse to support conclusions about the relative efficacy of the two techniques. Data from a single study of pulsed RFA is insufficient to evaluate the efficacy of this technique. No serious safety issues were reported in the studies, although patients often reported increased pain for a period of days after the RFA procedure.

D. Radiofrequency Ablation of the knee is considered experimental/investigational and not a covered service.

ICD 9 Codes

- 723.1** Cervicalgia
- 724.2** Lumbago
- 724.5** Backache, unspecified

ICD-10 CM

ICD-10 CM	Description
M96.1	Post laminectomy syndrome NEC
M54.2	Cervicalgia
M54.6	Pain in thoracic spine
M54.5	Low Back Pain
G89.4	Other Chronic Post procedural Pain

CPT Codes

64633 Destruction by neurolytic agent paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or Ct), cervical or thoracic single facet joint.

- 64634** Destruction by neurolytic agent paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or Ct), cervical or thoracic single facet joint each additional facet joint.
- 64635** Destruction by neurolytic agent paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or Ct), lumbar or sacral, single facet joint.
- 64636** Destruction by neurolytic agent paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or Ct), cervical or thoracic single facet joint additional facet joint.
- 64640** Other peripheral nerve or branch.

References:

NCQA Standard, UM2, Clinical Criteria for Utilization Management Decisions, Element A

Boswell MV, Trescot AM, Datta S, et al., Interventional Techniques: Evidence-based Practice Guidelines in the Management of Chronic Spinal Pain. Pain Physician. 2007; 10:7-111.
<http://www.ncbi.nlm.nih.gov/pubmed/17256025>
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Local Coverage Determination (*LCD*) for Paravertebral Facet Joint Nerve Denervation (*L30483*)
<http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=30483&ContrId=268&ver=31&ContrVer=1&NCDId=23&ncdver=1&NCAId=2&NcaName=Acupuncture+for+Nausea+after+Chemotherapy+and+Post-operative+Pain&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=Ed%7cKey%7cSAD%7cFAQ&PolicyType=Final&s=5%7c6%7c66%7c67%7c44&Keyword=acupuncture&KeywordLookup=Doc&KeywordSearchType=Exact&kq=true&bc=IAAABAAAAAAAAA%3d%3d&>
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Burnham RS, Hollistski S, Dimnu I. A prospective outcome study on the effects of the facet joint radiofrequency denervation on pain, analgesic intake, disability, satisfaction, cost, and employment. Arch Phys Med Rehabil 2009.90; 201-5.
[http://www.archives-pmr.org/article/S0003-9993\(08\)01588-8/abstract](http://www.archives-pmr.org/article/S0003-9993(08)01588-8/abstract)
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http://mdlinx.pdr.net/orthopedics/clinical-trials/clinical-trial-detail.cfm?nct_id=NCT02260869
 (Last Accessed 7/20/16)

Summary of Changes:

02/09/2017

- No changes