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Proposed LCD: Facet Joint Interventions for Pain Management

Speakers

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Disclosures

- No relevant disclosures



Diagnostic Facet Joint Procedures (IA or MBB)

- A second diagnostic facet procedure is considered medically necessary to confirm validity of the initial diagnostic facet procedure when administered at the same level. **YES**
- The second diagnostic procedure may only be performed a minimum of ~~2 weeks~~ **48 hours** after the initial diagnostic procedure.
 - No medical rationale for requiring 2 weeks
 - Simply requires enough time that the effect of local anesthetic has worn off and index pain has returned to baseline
 - Important for patients traveling a distance for treatment for whom traveling multiple times will present a hardship (e.g. lost wages, travel expenses, childcare)

Criteria for Second Diagnostic Facet Joint Procedure (IA or MBB)

- The patient meets the criteria for first diagnostic procedure - **YES**
- After the first diagnostic facet joint procedure, there must be a consistent positive response of at least 80% relief of primary (index) pain (with the duration of relief being consistent with the agent used) – **YES**
- **or** at least 50% consistent objective improvement in the ability to perform previously painful movements and ADLs
 - How to quantify/measure reliably
 - Risk significant overutilization

Therapeutic Facet Joint Procedures (IA or MBB) (1)

- Requiring 2 diagnostic medial branch blocks prior to a therapeutic intraarticular injection is unreasonable.
- An intraarticular injection including local anesthetic and steroid can be both diagnostic and therapeutic.
- A percentage of patients will obtain relief from a single intraarticular injection. In select patients, this may result in significant cost savings over the three steps needed to perform radiofrequency neurotomy (RFN).

Therapeutic Facet Joint Procedures (IA or MBB) (2)

- Medial branch blocks are diagnostic procedures using only local anesthetic. They are not therapeutic procedures and do not provide extended relief of facet-mediated pain.
- Proposed new criteria: “or at least 50% consistent improvement in the ability to perform previously painful movements and ADLs”
 - How to quantify/measure reliably
 - Risk significant overutilization

Therapeutic Facet Joint Procedures (IA or MBB) (3)

- If a patient obtains at least 50% relief from a therapeutic facet joint injection, why require documentation that they are not a candidate for radiofrequency neurotomy?
- Therapeutic intraarticular facet injections may be appropriate to perform as an initial treatment and appropriate to repeat in patients that obtain at least 50% relief from their index pain for at least 3 months.
- If patients do not obtain at least 3 months improvement from a therapeutic facet injection, then it would be appropriate to perform diagnostic MBBs to evaluate if they have facet pain that may be amendable to RFN.

Facet Joint Denervation (Radiofrequency Ablation/Neurotomy)

- The patient has had at least two medically reasonable and necessary diagnostic MBBs, with each providing a consistent minimum of 80% relief of primary (index) pain (with the duration of relief being consistent with the agent used) - **YES**
- **or** at least consistent 50% improvement in the ability to perform previously painful movements and ADLs
 - How to quantify/measure reliably
 - Risk significant overutilization

Limitations (1)

- Repeating MBB after 24 months of pain relief from RFN is not necessary. If patients have experienced more than 24 months of relief from RFN, a repeat procedure should be permitted at the same level to reinstate relief. Requiring another set of MBBs prolongs the patient's pain, putting them through additional unnecessary procedures and incurring unnecessary additional expense/cost.
 - Note inconsistency with statement 6 in the list of procedures considered not reasonable/necessary and that will be denied – Diagnostic injections or MBB at the same level as the previously successful RFN procedure.

Limitations (2)

- Requiring documentation of why RFN should not be performed in patients being treated with therapeutic intraarticular facet injections creates unnecessary work for the physician that will not result in improved patient care (e.g. edematous joint/surrounding bone and whiplash injuries).

Provider Qualifications

- Consider replacing “healthcare professionals” with “physicians”
- Physicians have the requisite training to:
 - accurately select patients
 - safely perform technically demanding procedures
 - immediately recognize, evaluate, and address potentially serious, life-altering complications

Questions?

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