

# Healthcare Operations

## Utilization Management Protocol

### Radiofrequency (Facet) Rhizotomy

HEALTH PLAN OF NEVADA, INC. <sup>SM</sup> SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC. <sup>®</sup>

Number  
PAI003

#### Approved for Commercial, Medicare, & Medicaid

For Sierra Health Option products please review plan documents prior to issuing a determination

#### Requires Medical Director Review Approval

**CPT: 64622, 64623, 64626, 64627 and 76005**

#### Background:

Radiofrequency ablation (RFA) is a percutaneous treatment in which radiowave-induced heat is used to create a lesion in a spinal sensory nerve. The goal of RFA is to relieve pain by interrupting the transmission of pain signals from the sensory nerve to the brain.

Outcomes from studies have shown that Radiofrequency Facet Rhizotomy may result in significant pain relief and is associated with few complications. Success rate depends on careful selection of patients including documented reduction in pain response to temporary block with local anesthetic of the medial branch of the dorsal ramus nerve or injection under fluoroscopic guidance into the facet joint.

#### Must be performed by a physician who is:

- Board Certified in pain management, **or**
- Has completed an ABME approved pain fellowship, **or**
- Is otherwise approved by the Health Plan to be considered a pain management specialist qualified to perform invasive procedures.

#### Covered Indications:

For treatment of members with intractable cervical or back pain with or without sciatica in the outpatient setting when *all* of the following are met:

1. Member has experienced severe pain limiting activities of daily living for at least 6 months; *and*
2. Member has no significant narrowing of the vertebral canal or spinal instability requiring surgery; *and*
3. Member has tried and failed conservative treatments as documented in the medical record such as bed rest, back supports, physiotherapy, manipulation, home exercise program as well as pharmacotherapies (e.g., anti-inflammatory agents, analgesics and muscle relaxants); *and*
4. A diagnostic, temporary block with local anesthetic of the facet nerve (medial branch block) or injection under fluoroscopic guidance into the facet joint has resulted in at least 50% reduction in pain; *and* ; documentation of significant relief (>50%) for sustained period (6 months or greater) is required for repeat procedure; *and*
5. A minimum of six months has elapsed since prior denervation treatment (per side, per anatomical level of the spine).
6. If repeated radiofrequency denervation is considered, documentation of significant relief (>50%) for sustained period (6 months or greater) must be available.

**Note:** Only 1 treatment procedure per level per side is considered medically necessary in a 6-month period. Because radiofrequency facet denervation destroys the nerve fibers supplying the facet, it is not generally considered medically necessary to repeat the radiofrequency denervation of the facet joint within a period less than 6 months after initial denervation.

\* These protocols are to be used as guidelines in the decision-making process and do not represent standards of care of any individual patient. They are proprietary documents and may not be copied or distributed without express permission.

**Not Covered Indications:**

1. More than 1 treatment procedure per level per side in a 6-month period.

**Review History:**

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Corporate Medical Affairs Committee Approval Dates: 11/18/04, 12/16/04, 7/21/05, 11/17/05, 1/18/07, 2/21/08

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