Subset: Facet Joint Injection (1, 2, 3, 4, 5)

Requested Service: Facet Joint Injection

Age: Age ≥ 18

Patient:	Name:	DOB:	ID #:	GROUP #:
	Sex (circle): M / F	Height:	Weight:	
Provider/PCP:	Name:	Fax #:	Phone #:	
	NPI/ID #:	Signature:		Date:
Servicing:	Vendor/Facility:		Phone #:	
	Diagnosis/ICD:	Service Date:	Authorization: / / to / /	

GlobalQual is a fictitious entity. These guidelines are made purely for testing and development purposes. Please do not use these guidelines outside of this capacity.

INSTRUCTIONS: Choose one of the following options and continue to the appropriate section

- ▢ 10. Diagnostic facet joint injection
- ▢ 20. Therapeutic facet joint injection

▢ 10. Diagnostic facet joint injection

1. Choose one: (6)
   - ▢ A) Initial diagnostic medial branch block (7)
   - ▢ B) Second diagnostic medial branch block (7)
   - ▢ C) Initial diagnostic intra-articular zygapophysial joint injection (8)
   - ▢ D) Second diagnostic intra-articular zygapophysial joint injection (8)
   - ▢ E) Other clinical information (add comment)

> • If option A selected, then go to question 2
> • If option B selected, then go to question 7
> • If option C selected, then go to question 14
> • If option D selected, then go to question 18
> • No other options lead to the requested service

Diagnostic facet joint injection (continued...)

2. Choose all that apply:
   - ▢ A) Back or neck pain ≥ 3 months suggestive of facet joint origin [9]
   - ▢ B) No acute neurologic deficits
   - ▢ C) Imaging nondiagnostic for etiology of pain [10]
   - ▢ D) Other clinical information (add comment)

   • If the number of options selected is 3 and option D not selected, then go to question 3
   • No other options lead to the requested service

3. Treatment within the last year, Choose all that apply: [11]
   - ▢ A) NSAIDs or acetaminophen ≥ 3 weeks [12]
   - ▢ B) Activity modification ≥ 4 weeks [13]
   - ▢ C) PT or home exercise ≥ 4 weeks [14]
   - ▢ D) Other clinical information (add comment)

   • If the number of options selected is 3 and option D not selected, then go to question 4
   • No other options lead to the requested service

4. Continued pain after treatment
   - ▢ A) Yes
   - ▢ B) No

   • If option Yes selected, then go to question 5
   • No other options lead to the requested service

5. Neuroablation planned [15]
   - ▢ A) Yes
   - ▢ B) No

   • If option Yes selected, then go to question 6
   • No other options lead to the requested service

6. Choose one:
   - ▢ A) Cervical spine injection requested
   - ▢ B) Thoracic spine injection requested
   - ▢ C) Lumbar spine injection requested
   - ▢ D) Other clinical information (add comment)

   If option A or C selected, then the rule is satisfied; you may stop here **(Outpatient)**
   If option B selected, then the rule is satisfied; you may stop here Ltd 2nd **(Outpatient)** [16, 17]
   • No other options lead to the requested service

7. Choose all that apply: [18]
   - ▢ A) Documented pain reduction ≥ 75% after initial diagnostic injection and ≥ 2 weeks since initial injection
   - ▢ B) Documented pain reduction < 75% after initial diagnostic injection and ≥ 2 weeks since initial injection
   - ▢ C) Documented pain reduction < 75% after initial diagnostic injection and ≥ 75% after second diagnostic injection and ≥ 2 weeks since prior injection
   - ▢ D) Other clinical information (add comment)

   • If option A selected, then go to question 8
   • If option B selected, then go to question 10
   • If option C selected, then go to question 12
   • No other options lead to the requested service

Diagnostic facet joint injection (continued...)

8. Second diagnostic injection planned at same level as initial injection
   - ▢ A) Yes
   - ▢ B) No

   • If option Yes selected, then go to question 9
   • No other options lead to the requested service

9. Choose one:
   - ▢ A) Cervical spine injection requested
   - ▢ B) Thoracic spine injection requested
   - ▢ C) Lumbar spine injection requested
   - ▢ D) Other clinical information (add comment)

   If option A or C selected, then the rule is satisfied; you may stop here **(Outpatient)**
   If option B selected, then the rule is satisfied; you may stop here Ltd 2nd **(Outpatient)** (16, 17)
   • No other options lead to the requested service

10. Second diagnostic injection planned for different or additional level than initial injection
    - ▢ A) Yes
    - ▢ B) No

    • If option Yes selected, then go to question 11
    • No other options lead to the requested service

11. Choose one:
    - ▢ A) Cervical spine injection requested
    - ▢ B) Thoracic spine injection requested
    - ▢ C) Lumbar spine injection requested
    - ▢ D) Other clinical information (add comment)

    If option A or C selected, then the rule is satisfied; you may stop here **(Outpatient)**
    If option B selected, then the rule is satisfied; you may stop here Ltd 2nd **(Outpatient)** (16, 17)
    • No other options lead to the requested service

12. Diagnostic injection planned at same level as second injection that achieved pain reduction ≥ 75%
    - ▢ A) Yes
    - ▢ B) No

    • If option Yes selected, then go to question 13
    • No other options lead to the requested service

13. Choose one:
    - ▢ A) Cervical spine injection requested
    - ▢ B) Thoracic spine injection requested
    - ▢ C) Lumbar spine injection requested
    - ▢ D) Other clinical information (add comment)

    If option A or C selected, then the rule is satisfied; you may stop here **(Outpatient)**
    If option B selected, then the rule is satisfied; you may stop here Ltd 2nd **(Outpatient)** (16, 17)
    • No other options lead to the requested service

Diagnostic facet joint injection (continued...)

14. Choose all that apply:
    - ▢ A) Back or neck pain ≥ 3 months suggestive of facet joint origin [9]
    - ▢ B) No acute neurologic deficits [19]
    - ▢ C) Imaging nondiagnostic for etiology of pain [10]
    - ▢ D) Other clinical information (add comment)

    • If the number of options selected is 3 and option D not selected, then go to question 15
    • No other options lead to the requested service

15. Treatment within the last year, Choose all that apply: [11]
    - ▢ A) NSAIDs or acetaminophen ≥ 3 weeks [12]
    - ▢ B) Activity modification ≥ 4 weeks [13]
    - ▢ C) PT or home exercise ≥ 4 weeks [14]
    - ▢ D) Other clinical information (add comment)

    • If the number of options selected is 3 and option D not selected, then go to question 16
    • No other options lead to the requested service

16. Continued pain after treatment
    - ▢ A) Yes
    - ▢ B) No

    • If option Yes selected, then go to question 17
    • No other options lead to the requested service

17. Medial branch block feasible [20]
    - ▢ A) Yes
    - ▢ B) No

    If option Yes selected, then the rule is satisfied; you may stop here Ltd 2nd **(Outpatient)** [16, 21]
    • If option No selected, then go to question 11

18. Documented pain reduction ≥ 75% after initial diagnostic injection and ≥ 2 weeks since initial injection [22]
    - ▢ A) Yes
    - ▢ B) No

    • If option Yes selected, then go to question 19
    • No other options lead to the requested service

19. Second diagnostic injection planned at same level as initial injection
    - ▢ A) Yes
    - ▢ B) No

    • If option Yes selected, then go to question 20
    • No other options lead to the requested service

20. Medial branch block feasible [20]
    - ▢ A) Yes
    - ▢ B) No

    If option Yes selected, then the rule is satisfied; you may stop here Ltd 2nd **(Outpatient)** [16, 21]
    • If option No selected, then go to question 11

☐ 20. Therapeutic facet joint injection

1. Choose one: [23]
   - ☐ A) Initial therapeutic medial branch block
   - ☐ B) Second or third therapeutic medial branch block within 12 months of initial therapeutic medial branch block
   - ☐ C) Initial therapeutic intra-articular zygapophysial joint injection
   - ☐ D) Second or third therapeutic intra-articular zygapophysial joint injection within 12 months of initial therapeutic intra-articular zygapophysial joint injection
   - ☐ E) Other clinical information (add comment)

   If option B or D selected, then the rule is satisfied; you may stop here Ltd 2nd **(Outpatient)** [16, 24]
   • If option A selected, then go to question 2
   • If option C selected, then go to question 3
   • No other options lead to the requested service

2. Facet joint pain confirmed following 2 diagnostic facet joint injections
   - ☐ A) Yes
   - ☐ B) No

   If option Yes selected, then the rule is satisfied; you may stop here Ltd 2nd **(Outpatient)** [16, 24]
   • No other options lead to the requested service

3. Facet joint pain confirmed following 2 diagnostic facet joint injections
   - ☐ A) Yes
   - ☐ B) No

   If option Yes selected, then the rule is satisfied; you may stop here Ltd 2nd **(Outpatient)** [16, 24]
   • No other options lead to the requested service

Reference

Ltd - This requested service is designated as 'Limited Evidence' in this clinical scenario. Criteria cannot be met.

2nd - Secondary review required. Criteria cannot be met.

Off-label - Use for an indication not approved by the U.S. Food and Drug Administration (FDA).

Notes:

1:
I/O Setting: Outpatient

2:
These criteria include the following procedures:
Cervical, Thoracic, or Lumbar Facet Nerve Block
Cervical, Thoracic, or Lumbar Intra-articular Zygapophysial Joint Injection
Cervical, Thoracic, or Lumbar Medial Branch Block

3:
Imaging guidance is necessary for safe and successful needle placement. Fluoroscopy is most commonly used during needle placement. CT may be done, particularly for intra-articular injections. The use of ultrasound (US) to guide needle placement is considered controversial and, therefore, these criteria do not cover facet joint injection performed with US guidance (North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016).

4:
The facet joints, also known as zygapophysial joints, are the paired synovial joints between the superior and inferior articular processes of adjacent vertebrae that provide stability while facilitating various degrees of flexion, extension, and rotation throughout the cervical, thoracic, and lumbar spine. A facet joint injection is the administration of an anesthetic with or without corticosteroid into either the intra-articular space or the area of the medial branch nerves that supply the joint. Injections are performed using imaging guidance.

5:
InterQual® Procedures criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included PubMed, Agency for Healthcare Research and Quality (AHRQ) Comparative Effectiveness Reviews, the Cochrane Library, Choosing Wisely, Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations, and the National Institute of Health and Care Excellence (NICE). Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been used. Relevant studies were assessed for risk of bias following principles described in the Cochrane Handbook. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational trials were also evaluated for the presence of a dose-response gradient and the likely effect of plausible confounders.

6:
Diagnostic facet joint injections are utilized to establish a diagnosis of facet joint pain and may be performed as an intra-articular injection or by blocking the facet joint nerves. It is recommended that these be performed as dual injections performed in the same anatomic location at 2 separate points in time. Performing dual blocks decreases the otherwise significantly high false positive rate when a single diagnostic anesthetic injection is performed (North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016).

7:
Medial branch blocks aim to anesthetize the facet joint, including the joint capsule, intra-articular surfaces, and the nearby tissues, including the paravertebral muscle. Medial branch blocks have been validated for use as a diagnostic tool for assessment of facet joint pain (North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016).

8:
Intra-articular zygapophysial joint injections anesthetize the articular joint surfaces and interior joint capsule. Although they have not been validated as a means to diagnose facet joint pain, they may be necessary when medial branch blocks are unable to be performed secondary to anatomic restrictions (North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016).

9:

Symptoms of cervical facet joint pain may include pain in the neck, head, or the periscapular or shoulder region; thoracic facet joint pain may include pain in the upper or mid back area; and lumbar facet joint pain may include pain in the back, gluteal region, or leg. Pain emanating from the facet joints is most often axial and not associated with myelopathy or radiculopathy (North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016).

10:
Alternate pathology and differential diagnoses (e.g., fracture, tumor, extraspinal lesion, causes of radicular pain) should be ruled out prior to facet joint injection (North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016).

11:
In the majority of patients, improvement in back and radicular pain often occurs over 4 weeks. Therefore, 4 weeks of nonoperative therapy should be attempted, when feasible, prior to consideration of invasive treatments.

12:
NSAIDs are the preferred pharmacotherapy treatment of this condition because of their anti-inflammatory effect, although the improvement in pain is small when compared to placebo and there is a risk of gastrointestinal side effects (Qaseem et al., Ann Intern Med 2017. 166(7):514-30; Enthoven et al., Cochrane Database Syst Rev 2016, 2: CD012087). Evidence does not support the use of acetaminophen as first-line therapy for treating spine pain; however, it can be used as an alternative when NSAIDs are contraindicated (e.g., history of peptic ulcer disease) (Machado et al., BMJ 2015, 350: h1225). Opioid use should be limited and given for the shortest duration possible (North American Spine Society (NASS), Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain. 2020).

13:
Activity modification may include limiting activities that provoke or aggravate symptoms. Patients with low back pain should avoid repeated or prolonged bending, lifting, or unsupported sitting.

14:
This criteria point includes therapy by provider instruction to the patient, as well as supervised training through formal therapy (e.g., PT, OT). Therapy may not be appropriate if symptoms have been present for a long time and exercise has been attempted previously, or if symptoms are severe on presentation. The decision to recommend a home (i.e., unsupervised) therapy program or supervised therapy is a matter of clinical judgment.

15:
The primary purpose of diagnostic medial branch blocks is to assess the appropriateness of pursuing radiofrequency ablation of the pain-generating facet joints to achieve long-term pain relief (North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016).

16:
Recommendations are designated as “Limited Evidence” based on one or more of the following:

- Research to date has not demonstrated this intervention’s equivalence or superiority to the current standard of care
- The balance of benefits and harms does not clearly favor this intervention
- The clinical utility of this intervention has not been clearly established
- The evidence is mixed, unclear, or of low quality
- This intervention is not standard of care
- New technology is still being investigated

17:
The evidence for intra-articular thoracic facet joint injection is lacking and limited to case studies and retrospective studies of medial branch blocks (North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016). Therefore, requests for facet joint injections in the thoracic spine require secondary medical review.

18:

When pursuing dual diagnostic facet joint injections, the second confirmatory injection should only occur at the same level if pain relief of 75% or more is achieved following the first injection. If less pain relief than this, additional injections may be pursued, but only if done at a different or additional level where pain is suspected to be generated. Another confirmatory injection at the different or additional level may be appropriate if pain relief of 75% or more is achieved with the additional injection. The interval between injections should be between 2 to 4 weeks (Manchikanti et al., Pain Physician 2013, 16: S49-283).
Guidelines vary in the percentage (e.g., 50%, 75%, 80%) of pain relief required to pursue additional injections (Cohen et al., Reg Anesth Pain Med 2020, 45: 424-67; North American Spine Society (NASS), Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain. 2020; North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016; Manchikanti et al., Pain Physician 2013, 16: S49-283). InterQual® external peer reviewers agree that 75% is a reasonable threshold to determine appropriateness of subsequent injections.

19:
For the purpose of these criteria, the finding of no acute neurologic deficits is intended to rule out pathology where the onset or progression of symptoms exceeds those appropriate for treatment with facet joint injection (e.g., stroke, spinal cord compression).

20:
While medial branch block has been shown to be a valid and reliable diagnostic procedure to diagnose facet joint pain, intra-articular (IA) injections have not been validated and should only be used when medial branch blocks cannot be done (e.g., secondary to anatomic restrictions). When there is no medial branch or other innervation available to block (e.g., occipitoatlantal and atlantoaxial joints), IA injections may be the only option (North American Spine Society (NASS), Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain. 2020; North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016).

21:
While medial branch blocks have been validated to diagnose facet joint pain, intra-articular zygapophysial joint injections have not been validated and should only be used when medial branch blocks cannot be done (e.g., secondary to anatomic restrictions) (North American Spine Society (NASS), Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain. 2020; North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016). Therefore, requests for diagnostic intra-articular injections require secondary medical review.

22:
A second confirmatory diagnostic intra-articular injection should only occur when pain reduction from the initial injection demonstrates at least 75% relief of the patient's primary pain and the duration of the relief is consistent with the anesthetic used. Evidence to determine the pain relief standard varies in the literature, at either 50%, 75%, or 80% (Cohen et al., Reg Anesth Pain Med 2020, 45: 424-67; North American Spine Society (NASS), Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain. 2020; North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016). InterQual® external peer reviewers agree 75% pain relief is an appropriate measure of pain relief prior to pursuit of a second diagnostic injection. The interval between injections should be between 2 to 4 weeks (Manchikanti et al., Pain Physician 2013, 16: S49-283).

23:
While medial branch blocks are valid and reliable as a diagnostic tool, their use as a therapeutic intervention is less clear. The American Society of Interventional Pain Physician guidance supports lumbar nerve blocks with fair to good evidence and both cervical and thoracic medial branch blocks as fair (Manchikanti et al., Pain Physician 2013, 16: S49-283). Intra-articular facet joint injections have demonstrated short-to mid-term relief of pain, however when compared with radiofrequency ablation (RFA); RFA has been shown to offer longer-term relief (Cohen et al., Anesthesiology 2018, 129: 517-35; North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016). Evidence for therapeutic intra-articular injections in the cervical, thoracic, and lumbar spine is limited (Cohen et al., Reg Anesth Pain Med 2020, 45: 424-67; Manchikanti et al., Pain Physician 2013, 16: S49-283).

24:
While short-and mid-term relief of pain have been demonstrated following therapeutic intra-articular

zygapophysial joint injection, long-term outcomes in high quality studies are lacking. Additionally, the duration of pain relief from intra-articular injection has not been shown to be superior to neuroablation. Medial branch blocks are a reliable diagnostic procedure, but evidence does not support their use as a therapeutic intervention (Cohen et al., Reg Anesth Pain Med 2020, 45: 424-67; Cohen et al., Anesthesiology 2018, 129: 517-35; North American Spine Society (NASS), NASS Coverage Policy Recommendations: Facet Joint Interventions. 2016). For these reasons, requests for therapeutic intra-articular zygapophysial joint injections or therapeutic medial branch blocks require secondary medical review.

ICD-10-CM (circle all that apply): G54.1, G54.4, G95.20, G95.89, M08.1, M43.02, M43.03, M43.04, M43.05, M43.06, M43.07, M43.12, M43.13, M43.14, M45.2, M45.3, M45.4, M45.5, M45.6, M45.7, M46.22, M46.23, M46.24, M46.25, M46.42, M46.43, M47.12, M47.13, M47.14, M47.15, M47.16, M47.22, M47.23, M47.24, M47.25, M47.26, M47.27, M47.812, M47.813, M47.814, M47.815, M47.816, M47.817, M47.892, M47.893, M47.894, M47.895, M47.896, M47.897, M48.02, M48.03, M48.04, M48.05, M48.061, M48.062, M48.07, M48.52XA, M48.53XA, M48.54XA, M48.55XA, M48.56XA, M48.57XA, M48.8X2, M48.8X3, M48.8X4, M48.8X5, M48.8X6, M48.8X7, M50.00, M50.01, M50.020, M50.021, M50.022, M50.023, M50.03, M50.10, M50.11, M50.120, M50.121, M50.122, M50.123, M50.13, M50.20, M50.21, M50.220, M50.221, M50.222, M50.223, M50.23, M50.30, M50.31, M50.320, M50.321, M50.322, M50.323, M50.33, M50.80, M50.81, M50.820, M50.821, M50.822, M50.823, M50.83, M50.90, M50.91, M50.920, M50.921, M50.922, M50.923, M50.93, M51.04, M51.05, M51.06, M51.14, M51.15, M51.16, M51.17, M51.24, M51.25, M51.26, M51.27, M51.34, M51.35, M51.36, M51.37, M51.84, M51.85, M51.86, M51.87, M53.2X7, M53.82, M53.83, M53.85, M53.86, M53.87, M54.12, M54.13, M54.14, M54.15, M54.16, M54.17, M54.2, M54.40, M54.41, M54.42, M54.50, M54.51, M54.59, M54.6, M99.12, M99.21, M99.22, M99.23, M99.31, M99.32, M99.33, M99.41, M99.42, M99.43, M99.51, M99.52, M99.53, M99.61, M99.62, M99.63, M99.71, M99.72, M99.73, M99.82, M99.83, Q76.2, Other _____

ICD-10-PCS (circle all that apply): 3E0R3BZ, 3E0R3GC, 3E0R3KZ, Other _____

CPT® (circle all that apply): 64490, 64491, 64492, 64493, 64494, 64495, Other _____