INTRODUCTION

Facet joints (also called zygapophysial joints or z-joints), posterior to the vertebral bodies in the spinal column and connecting the vertebral bodies to each other, are located at the junction of the inferior articular process of a more cephalad vertebra and the superior articular process of a more caudal vertebra. These joints provide stability and enable movement, allowing the spine to bend, twist, and extend in different directions. They also restrict hyperextension and hyperflexion.

Facet joints are clinically important spinal pain generators in patients with chronic spinal pain. In patients with chronic low back pain, facet joints have been implicated as a cause of the pain in 15% to 45% of patients. Facet joints are considered as the cause of chronic spinal pain in 48% of patients with thoracic pain and 54% to 67% of patients with chronic neck pain. Facet joints may refer pain to adjacent structures, making the underlying diagnosis difficult as referred pain may assume a pseudoradicular pattern. Lumbar facet joints may refer pain to the back, buttocks, and lower extremities while cervical facet joints may refer pain to the head, neck and shoulders.

Imaging findings are of little value in determining the source and location of ‘facet joint syndrome’, a term originally used by Ghormley and referring to back pain caused by pathology at the facet joints. Imaging studies may detect changes in facet joint architecture, but correlation between radiologic findings and symptoms is unreliable. Although clinical signs are also unsuitable for diagnosing facet joint-mediated pain, they may be of value in selecting patients for controlled local anesthetic blocks of either the medial branches or the facet joint itself.

Medical necessity management for paravertebral facet injections includes an initial evaluation including history and physical examination and a psychosocial and functional assessment. The following must be determined: nature of the suspected organic problem; non-responsiveness to conservative treatment*; level of pain and functional disability; conditions which may be contraindications to paravertebral facet injections; and responsiveness to prior interventions.

The most common source of chronic pain is the spine and about two-thirds of the U.S. population suffers from spinal pain sometime during their life span. Facet joint interventions are used in the treatment of pain in certain patients with a confirmed diagnosis of facet joint pain. Interventions include intraarticular injections and medial...
branch nerve blocks in the lumbar, cervical and thoracic spine. Prior to performing this procedure, shared decision-making between patient and physician must occur, and patient must understand the procedure and its potential risks and results. Facet joint injections or medial branch nerve blocks require guidance imaging.

**INDICATIONS FOR FACET JOINT INJECTIONS OR MEDIAL BRANCH NERVE BLOCKS:**

- To confirm disabling non-radicular low back (lumbosacral), mid back (thoracic) or neck (cervical) pain*, suggestive of facet joint origin as documented in the medical record based upon all of the following:
  - history, consisting of mainly axial or non-radicular pain; AND
- Lack of evidence, either for discogenic or sacroiliac joint pain; AND
- Lack of disc herniation or evidence of radiculitis; AND
- Facet blocks should not be performed at same levels as previous surgical fusion; AND
- Intermittent or continuous pain with average pain levels of ≥ 6 on a scale of 0 to 10 or functional disability prior to each injection, including each unilateral facet block; AND
- Duration of pain of at least 2 months; AND
- Failure to respond to active conservative non-operative therapy management for a minimum of 6 weeks in the last 6 months prior to facet injections unless the medical reason this treatment cannot be done is clearly documented.

*All procedures must be performed using fluoroscopic or CT guidance.

**NOTE:** Ultrasound guidance is not a covered benefit and procedure performed using ultrasound guidance are not reimbursable.

**FREQUENCY OF FACET BLOCK:**

- There must be a minimum of 14 days between injections.
- There must be a positive response of ≥ 50% pain relief or improved ability to function. The patient is actively engaged in other forms of active conservative non-operative treatment if the patient is receiving therapeutic facet joint injections unless pain prevents the patient from participating in conservative therapy*).
- **Maximum of 3 procedures per region every 6 months.** (*NOTE: Unilateral facet blocks performed at the same level on the right vs. left within 2 weeks of each other would be considered as one procedure.*)
- If the procedures are applied for different regions, they may be performed at intervals of no sooner than 2 weeks for most types of procedures.
- **Maximum of 3 levels injected on same date of service.**
- **Radiofrequency** neurolysis procedures should be considered in patients with positive facet blocks (with at least 50% pain relief and/or improved ability to function, but with insufficient sustained relief (less than 2-3 months improvement).

**CONTRAINDICATIONS FOR FACET JOINT INJECTIONS:**

- History of allergy to contrast administration, local anesthetics, steroids, or other drugs potentially utilized;
- Hypovolemia;
- Infection over puncture site;
- Bleeding disorders or coagulopathy;
- History of allergy to medications to be administered;
- Inability to obtain percutaneous access to the target facet joint;
- Progressive neurological disorder which may be masked by the procedure;
- Pregnancy;
- Spinal infection; OR
- Acute Fracture

**ADDITIONAL INFORMATION:**

*Conservative Therapy:* (spine) should include a multimodality approach consisting of a combination of active and inactive components. Inactive components, such as rest, ice, heat, modified activities, medical devices, acupuncture and/or stimulators, medications, injections (epidural, facet, bursal and/or joint, not including trigger point), and diathermy can be utilized. Active modalities may consist of physical therapy, a physician supervised home exercise program**, and/or chiropractic care.

**Home Exercise Program** - (HEP) – the following two elements are required to meet guidelines for completion of conservative therapy:
- Information provided on exercise prescription/plan AND
- Follow up with member with documentation provided regarding completion of HEP, (after suitable 4-6 week period) or inability to complete HEP due to physical reason- i.e. increased pain, inability to physically perform exercises. (Patient inconvenience or noncompliance without explanation does not constitute “inability to complete” HEP).

**Terminology:** Facet Injections; Facet Joint Blocks; Paravertebral Facet Injections; Paravertebral Facet Joint Injections; Paravertebral Facet Joint Nerve Injections; Zygapophyseal injections; Lumbar Facet Blockade; Medial Branch blocks
REFERENCES


