



Medical Policy Manual

Draft Revised Policy: Do Not Implement

Facet Joint Neurotomy

DESCRIPTION

A potential source of spinal pain is the posterior zygapophysial joint (facet, Z joint), which adjoins adjacent vertebrae and is innervated by medial branches of the dorsal spinal nerves at two levels. Diagnosis of facet joint syndrome can be confirmed when controlled local anesthetic blocks of the medial branches of the posterior rami of the spinal nerves that supply the painful joint(s) provides relief of the target pain. Treatment options after successful diagnostic nerve blocks include thermal radiofrequency denervation (neurotomy), also known as nonpulsed or thermal radiofrequency ablation (RFA). Conventional RFA involves the constant application of energy usually at 80 - 85 degrees Celsius via an image-guided needle electrode inserted percutaneously to the affected nerve.

Note: There are two facet joints per level, one on the right side and one on the left. This policy allows for a right side and a left side RFA without the six months in-between because they are being done at different joints.

The proposal is to add words or statements in red.

POLICY

- Thermal radiofrequency denervation (neurotomy) is considered **medically necessary** if the medical appropriateness criteria are met. **(See Medical Appropriateness below.)**
- All other methods of radiofrequency medial branch denervation for the treatment of chronic neck/back pain, including, but not limited to, the following are considered **investigational**:
 - Pulsed radiofrequency denervation
 - Laser denervation
 - Chemical (e.g., alcohol, phenol, high-concentration local anesthetics)
 - Cryo-denervation
 - Endoscopic

MEDICAL APPROPRIATENESS

- Thermal medial branch radiofrequency denervation (neurotomy) is considered **medically appropriate** when **ALL** of the following are met:
 - Presence of primarily axial cervical, **thoracic**, or lumbar pain, without **untreated** radiculopathy or neurological deficits, that has been present for at least three months
 - Failure of at least three months non-operative treatment, including **ALL** of the following unless contraindicated:
 - Analgesic or anti-inflammatory medication (e.g., **acetaminophen, NSAIDS, corticosteroids**), **any route**
 - Activity modification/**joint conservation techniques (e.g., limiting physical activity or repetitive motion, use of an assistive device, etc.)**
 - Chiropractic or physical therapy, **or** professionally-directed home exercise program, **or functional restoration program**
 - Advanced radiographic** imaging studies (**CT/MRI**) have ruled out other causes of spinal pain
 - No more than two levels (up to four facet joints/medial nerve branches) are treated
 - Planned procedure is indicated for **ANY ONE** of the following:
 - Initial** neurotomy when two successful diagnostic medial branch blocks each result in greater than 80% reduction in pain and improvement in function for the expected duration of the analgesic
 - Repeat** neurotomy at the same location(s) when there is a prior history of successful neurotomy (at least 50% reduction in pain and improvement in function for at least six months)
 - Absence of **ALL** of the following:



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- Infection at site planned for procedure
- Prior spinal fusion at site planned for procedure

IMPORTANT REMINDERS

- Any specific products referenced in this policy are just examples and are intended for illustrative purposes only. It is not intended to be a recommendation of one product over another and is not intended to represent a complete listing of all products available. These examples are contained in the parenthetical e.g. statement.
- We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the Medical Policy and a health plan, the express terms of the health plan will govern.

ADDITIONAL INFORMATION

Controlled trials are necessary to evaluate non-conventional radiofrequency ablation (laser, chemical, endoscopic, and cryo-denervation).

SOURCES

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Manchikanti, L., Abdi, S., Atluri, S., Benyamin, R., Boswell, M., Buenaventura, R., et al. (2013). An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. *Pain Physician*, 16, S49-S283. (Level 2 evidence)

Rambaransingh B, Stanford G, & Burnham R. (2010). The effect of repeated zygapophysial joint radiofrequency neurotomy on pain, disability, and improvement duration. *Pain Medicine*, 11 (9), 1343-1347. Abstract retrieved January 5, 2022 from PubMed database.

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EFFECTIVE DATE

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