CERVICAL AND LUMBAR FACET RHIZOTOMY
SUR712.005

COVERAGE:

Cervical and Lumbar Facet Rhizotomy MAY BE ELIGIBLE FOR COVERAGE for patients with chronic cervical or lumbar pain in which all other conservative treatment options have been tried and have failed and who have successfully undergone two successive facet nerve blocks.

Conservative options consist of:

• bed rest,
• analgesics and muscle relaxers,
• anti-inflammatory nonsteroidal medications,
• physical therapy modalities, and
• previous facet joint injections.

DESCRIPTION:

Pain cannot be felt if the nerve pathways that relay pain impulses to the brain are interrupted. To block these pathways, a neurosurgeon may cut a nerve, or inject chemicals close to the spinal cord (nerve ablation). This procedure is called a Rhizotomy.

Pain originating from facet joints is a common element of low back and neck pain. Facet Rhizotomy is a selective nerve ablation procedure used in chronic pain management. The facet nerve injection is anatomically the least complicated nerve ablation with the best proclaimed results. The targets of facet ablation procedures are the sensory nerve branches that are offshoots of the median branch of the posterior ramus of the spinal nerve root.

Facet Rhizotomy is performed on patients who have successfully undergone two successive facet nerve blocks. The facet blocks are not a treatment but rather a diagnostic test to determine if the patient had a placebo effect from the first nerve block. Facet rhizotomy is performed on an outpatient basis. Pain impulses from these joints can be interrupted by coagulating the nerve with a radiofrequency wave, the probe having been placed in the area of the nerve percutaneously.

RATIONALE:

Facet Rhizotomy has a success rate of 60-70 percent. Considering that little can be done for patients with chronic low back and/or neck pain other than medications and physical therapy, this success rate is thought to be acceptable.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of

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technology is constantly evolving, and we reserve the right to review
and update Medical Policy periodically.
HMO Blue Texas physicians who are contracted/affiliated with a
capitated IPA/medical group must contact the IPA/medical group for
information regarding HMO claims/reimbursement information and other
general polices and procedures.

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