

## Health Technology Clinical Committee Final Findings and Decision

**Topic:** Facet Neurotomy  
**Meeting Date:** March 21, 2014  
**Final Adoption:** May 16, 2014

Meeting materials and transcript are available on the HTA website at:  
[www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx](http://www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx)

### Number and Coverage Topic:

20140321B – Facet Neurotomy

### HTCC Coverage Determination:

Facet Neurotomy is a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

### HTCC Reimbursement Determination:

Lumbar Facet Neurotomy is a **covered benefit with the following conditions:**

- Patient(s) must be over 17 years of age, and:
- Has at least six months of continuous low back pain referable to the facet joint
- The pain is non-radicular pain
- Condition is unresponsive to other therapies including conservative care
- There are no other clear structural cause of back pain
- There is no other pain syndrome affecting the spine.
- For identification, diagnosis, and treatment:
  - Patient must be selected by at least 80% improvement in pain after each of two differential medial branch blocks, one short-acting; one long-acting
  - One or two joints per each intervention, with documented, clinically significant improvement in pain and/or function for six months before further neurotomy at any level.

Cervical Facet Neurotomy for cervical pain is a **covered benefit with the following conditions:**

- Limited to C3 - 4, through C6 -7
- Patient(s) over 17 years of age, and:
- Has at least six months of continuous neck pain referable to the facet joint
- The pain is non-radicular
- Condition is unresponsive to other therapies including conservative care
- There are no other clear structural cause of neck pain
- No other pain syndrome affecting the spine

- For identification, diagnosis, and treatment:
  - Patient must be selected by 100% improvement in pain after each of two differential medial branch blocks, one short-acting; one long-acting
  - One joint per each intervention, with documented, clinically significant improvement in pain and/or function for six months before further neurotomy at any level.

**Non-Covered Indicators**

Facet Neurotomy for the thoracic spine **is not covered**.

Facet Neurotomy for headache **is not covered**.

**Agency Contact Information:**

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

## HTCC Coverage Vote and Formal Action

### *Committee Decision*

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and agency and state utilization information. The committee concluded that the current evidence on Facet Neurotomy demonstrates that there is sufficient evidence to cover with conditions. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to cover with conditions Facet Neurotomy.

### Facet Neurotomy

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Facet Neurotomy, Cervical C3/4 thru C6/7	4	0	7
Facet Neurotomy, Thoracic	11	0	0
Facet Neurotomy, Lumbar	4	0	7
Facet Neurotomy, Cervical spine for headache	10	0	1

### *Discussion*

The Chair called for discussion of conditions of coverage for Facet Neurotomy following the majority voting for coverage under certain conditions. The following conditions were discussed and approved by a majority of the clinical committee:

#### **Limitations of Coverage**

Lumbar Facet Neurotomy is a **covered benefit with conditions**:

- Patients over 17 years of age
- At least six months of continuous low back pain referable to the facet joint
- Non-radicular pain
- Unresponsive to other therapies/ failure of conservative therapies
- No other clear structural cause of back pain
- No other pain syndrome affecting the spine
- Patient selected by 80% improvement in pain after each of two differential medial branch blocks, one short-acting; one long-acting
- One or two joints per each intervention, with documented, clinically significant improvement in pain and/or function for six months before further neurotomy.

Cervical Facet Neurotomy for cervical pain is a **covered benefit with conditions:**

- Patients over 17 years of age
- At least six months of continuous neck pain referable to the facet joint
- Non-radicular
- Unresponsive to other therapies/ failure of conservative therapies
- No other clear structural cause of neck pain
- No other pain syndrome affecting the spine
- Patient selected by 100% improvement in pain after each of two differential medial branch blocks, one short-acting; one long-acting
- One joint per each intervention, with documented, clinically significant improvement in pain and/or function for six months before further neurotomy.

**Non-Covered Indicators**

Thoracic Facet Neurotomy **is not covered.**

Cervical Facet Neurotomy for headache **is not covered.**

**Action**

The committee was provided information about the availability of a Medicare coverage decision. CMS does not have a national coverage determination (NCD) for Facet Neurotomy, but has a decision on nerve ablation. The committee considered this decision and determined there was no data shown supporting the decision, and HTCC's determination did not conflict with this NCD.

The committee reviewed selected payer coverage policies from Aetna, Cigna and Health Net. The committee also reviewed practice guidelines from The American Pain Society, National Institute for Health and Clinical Excellence/ National Collaborating Centre for Primary Care, American College of Occupational and Environmental Medicine; American Society of Interventional Pain Physicians; Colorado Division of Workers' Compensation, American College of Occupational and Environmental Medicine, Institute of Health Economics, Work Loss Data Institute, Institute for Clinical Systems Improvement and American Society of Regional Anesthesia and Pain Medicine.

The committee Chair directed HTA staff to prepare a Findings and Decision document on Facet Neurotomy reflective of the majority vote for final approval at the next public meeting.

**Health Technology Clinical Committee Authority:**

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered

by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.