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PROVIDER BULLETIN

TOPIC: Facet Rhizotomies

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The following is a clarification of facet rhizotomies for pain management:

- (1) Diagnostic facet injections must follow the guidelines as written on June 28, 2017.**
- (2) Once the pain generator(s) has been identified, multiple levels may be injected based on written pain treatment guidelines from the provider.**

Based on review of the current literature, the Medical Commission has determined the following guidelines will be implemented for Medial Branch Blocks prior to Facet Rhizotomies:

- Patient has a clinical picture of facet joint pain with cervical, thoracic or lumbar pain that can radiate to scapula, chest or buttock/ thigh, respectively. Tenderness to palpation over the suspected joint, pain increased by extension or extension and rotation of the spine. Neurologic examination is normal.
- Imaging studies prior to injection must demonstrate abnormality of the joint to be injected or demonstrate instability at the appropriate level on flexion/ extension films. The ideal imaging study, if available, would be CT-Nuclear SPECT, or if not available, Nuclear SPECT, injecting only levels that are "hot" on the imaging studies.
- Written documentation stating claimant's subjective pain level pre-injection and post injection, with location, will be required.
- Only one level should be injected (uni or bi-lateral) at one session. Patient should be awake and no IV sedation or analgesics should be utilized. If multiple joints are



pain generators, a series of blocks will be required, culminating in all symptomatic joints being injected simultaneously to completely relieve the patient's pain.

- Patients, who have 80% relief of pain after the Medial branch block, can then be considered for a Facet Rhizotomy.

