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.