

## Medical Coverage Policy | Pulsed Radiofrequency for the Treatment of Chronic Pain



**EFFECTIVE DATE:** 02|19|2008

**POLICY LAST UPDATED:** 04|21|2015

### OVERVIEW

Pulsed radiofrequency is a method of denervation to treat spinal pain, but it does not destroy or damage nerves.

### MEDICAL CRITERIA

Not applicable

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial Products

Pulsed radiofrequency treatment for the treatment of chronic spinal/back pain is considered not medically necessary because there is insufficient evidence in the published medical literature to demonstrate its safety and efficacy.

### COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

### BACKGROUND

Pulsed radiofrequency (RF) is a nondestructive alternative to facet joint denervation for the treatment of neck or back pain. Pulsed RF consists of short bursts of electrical current of high voltage in the RF range but without heating the tissue enough to cause coagulation. It is suggested as a possibly safer alternative to thermal RF facet denervation. Temperatures do not exceed 42°C at the probe tip versus temperatures in the 60°C reached in thermal RF denervation, and tissues may cool between pulses. It is postulated that transmission across small unmyelinated nerve fibers is disrupted but not permanently damaged, while large myelinated fibers are not affected.

Pulsed radiofrequency does not appear to be as effective as non-pulsed radiofrequency denervation, and there is insufficient evidence to evaluate the efficacy of other methods of denervation for facet joint pain. Therefore, these techniques are considered not medically necessary.

### CODING

#### BlueCHiP for Medicare and Commercial Products

At this time there are no specific CPT codes to describe pulsed radiofrequency. Providers should file using the unlisted code below:

**64999**

### RELATED POLICIES

Not applicable

### PUBLISHED

Provider Update, July 2015

Provider Update, June 2014  
Provider Update, June 2013  
Provider Update, May 2012  
Provider Update, May 2011  
Provider Update, May 2010  
Provider Update, July 2009

## REFERENCES

1. Chou R, Atlas SJ, Stanos SP, et al. Nonsurgical interventional therapies for low back pain: a review of the evidence for an American Pain Society clinical practice guideline. *Spine (Phila Pa 1976)*. May 1 2009;34(10):1078-1093. PMID 19363456
2. Falco FJ, Erhart S, Wargo BW, et al. Systematic review of diagnostic utility and therapeutic effectiveness of cervical facet joint interventions. *Pain Physician*. Mar-Apr 2009;12(2):323-344. PMID 19305483
3. Datta S, Lee M, Falco FJ, et al. Systematic assessment of diagnostic accuracy and therapeutic utility of lumbar facet joint interventions. *Pain Physician*. Mar-Apr 2009;12(2):437-460. PMID 19305489
4. Falco FJ, Datta S, Manchikanti L, et al. An updated review of the diagnostic utility of cervical facet joint injections. *Pain Physician*. Nov-Dec 2012;15(6):E807-838. PMID 23159977
5. Falco FJ, Manchikanti L, Datta S, et al. Systematic review of the therapeutic effectiveness of cervical facet joint interventions: an update. *Pain Physician*. Nov-Dec 2012;15(6):E839-868. PMID 23159978
6. Falco FJ, Manchikanti L, Datta S, et al. An update of the systematic assessment of the diagnostic accuracy of lumbar facet joint nerve blocks. *Pain Physician*. Nov-Dec 2012;15(6):E869-907. PMID 23159979
7. Falco FJ, Manchikanti L, Datta S, et al. An update of the effectiveness of therapeutic lumbar facet joint interventions. *Pain Physician*. Nov-Dec 2012;15(6):E909-953. PMID 23159980
8. Cohen SP, Strassels SA, Kurihara C, et al. Randomized study assessing the accuracy of cervical facet joint nerve (medial branch) blocks using different injectate volumes. *Anesthesiology*. Jan 2010;112(1):144-152. PMID 19996954
9. Cohen SP, Stojanovic MP, Crooks M, et al. Lumbar zygapophysial (facet) joint radiofrequency denervation success as a function of pain relief during diagnostic medial branch blocks: a multicenter analysis. *Spine J*. May-Jun 2008;8(3):498-504. PMID 17662665
10. Pampati S, Cash KA, Manchikanti L. Accuracy of diagnostic lumbar facet joint nerve blocks: a 2-year follow-up of 152 patients diagnosed with controlled diagnostic blocks. *Pain Physician*. Sep-Oct 2009;12(5):855-866. PMID 19787011

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