**NEUROABLATION FOR TREATMENT OF CHRONIC PAIN**

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

**Description:**

Neuroablation is a procedure designed to destroy neural tissue for the treatment of chronic pain. A lesion is created on the nerve to interrupt the nerve impulse/pathway thus preventing the pain signal from traveling to the brain. Neuroablation may also be referred to as neurotomy, rhizotomy or denervation. Neuroablation methods addressed in this guideline include:

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical</td>
<td>Administration of phenol or alcohol around the nerve</td>
</tr>
<tr>
<td>Cryodenervation</td>
<td>Involves the use of extreme cold to destroy abnormal tissue</td>
</tr>
<tr>
<td>Cryoneurolysis</td>
<td>Application of cold to the nerve</td>
</tr>
<tr>
<td>Laser Denervation</td>
<td>Involves the removal of material from a solid (or occasionally liquid) surface by irradiating it with a laser beam</td>
</tr>
<tr>
<td>Non-Pulsed Radiofrequency</td>
<td>Application of heat to the nerve</td>
</tr>
<tr>
<td>Pulsed Radiofrequency Denervation</td>
<td>Application of short bursts of electrical current of high voltage in the radiofrequency range but without heating the tissue enough to cause coagulation</td>
</tr>
</tbody>
</table>
NEUROABLATION FOR TREATMENT OF CHRONIC PAIN (cont.)

Criteria:

Chemical, Cryoneurolysis and Non-Pulsed Radiofrequency Neuroablation:

- Initial neuroablation by chemical, cryoneurolysis or non-pulsed radiofrequency methods is considered *medically necessary* for ANY of the following indications:

  1. Chronic pain of the spine with documentation of ALL of the following:
     - Severe segmental pain of the spine (zygapophyseal/facet joint pain origin); radicular pain may or may not be present
     - Pain has limited activities of daily living for three (3) months or greater
     - Pain has not responded to 3 months of comprehensive pain management and other conservative treatments, such as medication and/or physical therapy, or trigger point injection
     - The source of pain is not attributed solely to: disc herniation, spinal stenosis, spinal instability at the level of intended ablation, nerve root compression due to disc herniation, bone spur or tumor at the level of intended ablation
     - Pain was successfully relieved (reduced by at least 75 - 100%) as documented in record which may include percent change in analog pain scale with one or two trial diagnostic nerve block/facet joint injections at the proposed targeted site

  2. Severe cancer pain that has not responded to pharmacological pain management

  3. Trigeminal neuralgia (tic douloureux) that has not responded to pharmacological pain management

- Repeat neuroablation by chemical, cryoneurolysis or non-pulsed radiofrequency methods for chronic pain of the spine, severe cancer pain and trigeminal neuralgia is considered *medically necessary* when a minimum of six months has elapsed since the previous successful treatment.

- Neuroablation by chemical, cryoneurolysis or non-pulsed radiofrequency methods for all other indications not previously listed is considered *experimental or investigational* based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and

  2. Insufficient evidence to support improvement of the net health outcome, and

  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and

  4. Insufficient evidence to support improvement outside the investigational setting.
NEUROABLATION FOR TREATMENT OF CHRONIC PAIN (cont.)

Criteria: (cont.)

Other Neuroablation Methods:

- Neuroablation by all other methods not previously listed is considered experimental or investigational based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These methods include, but are not limited to:

- Cryodenervation
- Laser denervation
- Pulsed radiofrequency denervation

Resources:


NEUROABLATION FOR TREATMENT OF CHRONIC PAIN (cont.)

Resources: (cont.)


