



NHS MEDICAL POLICY

Peripheral Nerve Procedures Procedure 2018-001

A. Genicular nerve procedures may be indicated when ALL the following are present:

1	Chronic knee pain has been present for 3 or more months.
2	Knee pain is attributed to moderate or severe arthritis.
3	Pharmacologic treatment with at least 2 of the following medication types has been tried, but has not resulted in adequate pain relief: • Acetaminophen • Oral NSAIDs • Topical NSAIDs • Topical capsaicin • Opiates • Duloxetine • Gabapentin • Amitriptyline
4	Treatment with at least 2 of the following modalities has been tried, but has not resulted in adequate pain relief: • Exercise • Aquatics • Weight loss • Physical therapy • Bracing • Transcutaneous electrical nerve stimulation (TENS) • Intraarticular injections of glucocorticoid (or other agents)
5	If the request is for a genicular nerve ablation, there is documentation that a previous genicular nerve block resulted in 80% or more pain relief.

B. Piriformis injection may be indicated when ALL of the following are present:

1	The provider documented chronic piriformis pain, present for 3 or more months.
2	The provider documented evidence of sciatic nerve impingement, not due to other causes.
3	Conservative treatment has not resulted in adequate pain relief. (Examples of types of conservative treatment include any of the following: rest, exercise, stretching, massage, heat, ice, physical therapy or pharmacotherapy.)

C. Intercostal nerve injection may be indicated when ALL of the following are present:

1	The provider documented an acute rib fracture OR chronic chest wall pain for 3 or more months.
2	Conservative treatment has not resulted in adequate pain relief. (Examples of types of conservative treatment include any of the following: rest, exercise, stretching, massage, heat, ice, physical therapy, chiropractic care or pharmacotherapy.)

D. Ganglion impar block (nerve injection) may be indicated when ALL of the following are present:

1	The provider documented intractable coccydynia (coccygodynia or coccyx pain) for 3 or more months.
2	Conservative treatment has not resulted in adequate pain relief. (Examples of types of conservative treatment include any of the following: rest, exercise, stretching, massage, heat, ice, physical therapy, chiropractic care or pharmacotherapy.)

E. Occipital nerve block (nerve injection) may be indicated when ALL of the following are present:

1	The provider documented intractable headaches for 3 or more months.
2	Conservative treatment has not resulted in adequate pain relief. (Examples of types of conservative treatment include any one of the following: heat, ice, exercise, stretching, massage, physical therapy, chiropractic care or pharmacotherapy.)

SOURCES

1. American Society of Anesthesiologists Task Force on Chronic Pain Management, American Society of Regional Anesthesia and Pain Medicine. Practice guidelines for chronic pain management: An updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology* 2010;112(4):810-833.
2. Cohen AS. Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing. *Cephalalgia* 2007; 27:824.
3. Choi WJ, et al, Radiofrequency treatment relieves chronic knee osteoarthritis pain: a double-blind randomized controlled trial, *Pain*. 2011 Mar;152(3):481-7.
4. Goadsby PJ. Migraine pathophysiology. *Headache* 2005; 45 Suppl 1:S14.
5. Goadsby PJ, Bartsch T, Dodick DW. Occipital nerve stimulation for headache: mechanisms and efficacy. *Headache* 2008; 48:313.
6. González Sotelo V, et al, *Rev Esp Anestesiol Reanim*. 2017 Dec;64 (10):568-576.
7. Hwang EG, Effectiveness of intercostal nerve block for management of pain in rib fracture patients, *J Exerc Rehabil*. 2014 Aug; 10(4): 241–244.
8. Iannaccone F, et al, A Review of Long-Term Pain Relief after Genicular Nerve Radiofrequency Ablation in Chronic Knee Osteoarthritis. *Pain Physician*. 2017 Mar;20(3):E437-E444.
9. Manchikanti L, et al, An Update of Comprehensive Evidence-Based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part II: Guidance and Recommendations *Pain Physician*: April 2013; 16:S49-S283.
10. Matharu M, Watkins L, Shanahan P. POH04 Treatment of medically intractable SUNCT and SUNA with occipital nerve stimulation. *J Neurol Neurosurg Psychiatry* 2010; 81:e51.
11. Pareja JA, Kruszewski P, Sjaastad O. SUNCT syndrome: trials of drugs and anesthetic blockades. *Headache* 1995; 35:138.
12. UpToDate.com was accessed Jan 23, 2018: Management of knee osteoarthritis
13. UpToDate.com was accessed Apr 25, 2018: Treatment of musculoskeletal chest pain
14. UpToDate.com was accessed May 4, 2018: Coccydynia (coccygodynia)

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

20552, 64640, 77003, 99152, Q9966

Date	Action/Description
06/13/2018	C & D added lines 1 & 2; under Sources added: Hwang EG, Effectiveness of intercostal nerve block for management of pain in rib fracture patients, <i>J Exerc Rehabil</i> . 2014 Aug; 10(4): 241–244. Added: UpToDate.com was accessed Apr 25, 2018: Treatment of musculoskeletal chest pain UpToDate.com was accessed May 4, 2018: Coccydynia (coccygodynia)
09/12/2018	Added category E and Lines 1 & 2 Under Sources added lines 2, 4, 5, 9, 10 & 11
09/12/2019	Peripheral Nerve Procedures
09/10/2020	Annual review and approval by UM Committee
09/10/2021	Annual review and approval by UM Committee

09/19/2022	Annual review and approval by UM Committee
08/23/2023	Annual review and approval by UM/QM Committee
08/24/2024	Annual review and approval by UM/QM Committee
06/27/2025	Annual review and approval by UM/QM Committee
06/25/2026	Annual review and approval by UM/QM Committee

