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Radiofrequency Ablation for Peripheral Nerve Pain Policy

Indication/Usage:

Radiofrequency ablation is a way of destroying part of nerves to treat pain. An electrical current is produced by radio waves and applied to a small area of nerve tissue. This destroys (ablating) part of the nerve and interrupts pain signals. Pulsed radiofrequency is similar to radiofrequency ablation but instead of a constant current being applied, pulsed radiofrequency calls for short bursts of energy.

The use of radiofrequency ablation for intractable pain is based on the premise that the transmission of radiofrequency currents near nociceptive pathways interrupts pain impulses. The thermal energy associated with radiofrequency ablation leads to tissue destruction, targeted at the nerves responsible for transmitting and/or modulating the sensation of pain. There are multiple types of radiofrequency

ablation procedures, including pulsed radiofrequency ablation, and cooled radiofrequency ablation (COOLIEF). Cryoneurolysis temporarily blocks nerve conduction along peripheral nerve pathways by freezing the targeted nerve, this can facilitate complete regeneration of the structure and function of the affected nerve.

- Examples of this include plantar fasciitis, occipital neuralgia, cervicogenic headache, genicular nerve pain, sacroiliac (SI) joint pain, degenerative, osteoarthritis, etc. This is not an all-inclusive list.

Medical Indications for Authorization Commercial and Medicare Members

SummaCare considers all types of radiofrequency ablation of peripheral nerves to treat pain experimental and investigational because its effectiveness has not been established.

- Examples of this include plantar fasciitis, occipital neuralgia, cervicogenic headache, genicular nerve pain, sacroiliac (SI) joint pain, degenerative, osteoarthritis, etc. This is not an all-inclusive list.

There is currently no NCD or LCD per CMS

Limitations

Conventional radiofrequency (CRF) and pulsed radiofrequency (PRF) ablation create lesions that are relatively small compared to their neural targets and they do not selectively destroy only nociceptive fibers. Accurate placement of RF needles is important and requires a thorough knowledge of the target neural tissues and their associated radiographic landmarks. Complications associated with RF are usually mild and well tolerated, but they can include neuroma formation, differentiation pain, and dysesthesia. The pain relief RF provides is temporary and needs to be repeated. Additional research is essential in determining the growing utility of RF, it currently has many applications in treating chronic pain. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome, these procedures are considered experimental and investigational.

Coverage Decisions

Coverage decisions made per CMS Guidelines, Hayes Research and industry standards research

Plans Covered By This Policy

Commercial and Medicare
Considered experimental and investigational for all lines of business

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