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Department of Workforce Services
DIVISION OF WORKERS' COMPENSATION



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PROVIDER BULLETIN

TOPIC: Facet Injections & Facet Rhizotomies

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Based on review of the current literature, the Medical Commission has determined that the following guidelines will be implemented:

- 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 study.
- Facet injections will only be paid for by Workman's Compensation if appropriate follow-up is provided. This will be in the form of a written VAS kept by, and signed by the patient. Local anesthetic and steroid of choice can be used. The VAS should include pre-injection pain level and post-injection pain level immediately after the injection and at each hour for 24 hours (while awake) as well as VAS at 48 and 72 hours. A diagram of pre-injection and post-injection pain location immediately after and one hour after the injection should be included.
- 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 90% relief of pain for the duration of the local anesthetic can be considered candidates for a medial branch block and if that produces pain relief, then a facet rhizotomy can be performed.

