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PROVIDER BULLETIN

TOPIC: Facet Injections

Published by Wyoming Workers' Compensation Medical Case Management Unit and Effective on
June 28, 2017

Based on review of the current literature, the Medical Commission has determined 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 80% 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.

