



## Medical Policy Reference Manual Medical Policy

### 7.01.140 Intraosseous Basivertebral Nerve Ablation (Intracapt)

Original MPC Approval: 02/01/2021

Last Review:

Last Revision: 01/01/2022

#### Description

Low back pain is a common disorder that is believed to affect over 80% of adults at some point in their lives. Chronic low back pain is defined as pain lasting longer than 12 weeks. Treatment of low back pain initially includes conservative measures (hot/cold packs, strengthening exercises) and may progress to involve medications. When medications fail to adequately control pain, surgical interventions are sometimes considered. Spinal fusion and discectomy are two surgical options for treating back pain, but several other options also exist.

The Intracapt System is intended to treat vertibrogenic low back pain, which is pain that is transmitted through the basivertebral nerve. A radiofrequency lesion probe is placed at the base of the basivertebral nerve and energy ablates the nerve to stop it from transmitting pain signals. The Intracapt Intraosseous Nerve Ablation System received FDA approval on May 3, 2019 (K190504). It was determined to be substantially equivalent to legally marketed predicate devices.

#### Policy

Intraosseous basivertebral nerve ablation (Intracapt) is considered **experimental / investigational** as it does not meet TEC criteria # 2 - 5.

#### Policy Guidelines

##### ***Experimental / Investigational***

The term "experimental/investigational" describes services or supplies that are in the developmental stage and are in the process of human or animal testing. Services or supplies that do not meet all 5 of the criteria listed below adopted by the BlueCross BlueShield Association Technology Evaluation Center (TEC) are deemed to be experimental/investigational:

1. The technology\* must have final approval from the appropriate U.S. government regulatory bodies; and
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes; and
3. The technology must improve the net health outcome; and
4. The technology must be as beneficial as any established alternatives; and
5. The improvement must be attainable outside the investigational settings.

\* *Technology* includes drugs, devices, processes, systems, or techniques

##### Rationale:

Guidelines from professional medical societies regarding treatment of low back pain do not mention intraosseous basivertebral nerve ablation. Published evidence regarding this treatment is relatively new and limited in quantity.

## **Cross References to Related Policies and Procedures**

Percutaneous Intervertebral Thermal Annuloplasty Procedures for Low Back Pain, Policy 7.01.017

Minimally Invasive Intervertebral Disc Decompression Procedures Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty), Policy 7.01.091

## **References**

**The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.**

Becker, S., Hadjipavlou, A., Heggeness, M.H. (2017) Ablation of the basivertebral nerve for treatment of back pain: a clinical study, *Spine J*, 17(2): 218-223.

Chou, R. (July 10, 2020) Subacute and chronic low back pain: Nonpharmacologic and pharmacologic treatment, *UpToDate*.

Fishgrund, J.S., Rhyne, A., Franke, J.R., Sasso, R., Kitchel, S., Bae, H., ..., Meyer, B. (2019) Intraosseous basivertebral nerve ablation for the treatment of chronic low back pain: 2 year results from a prospective randomized double-blind sham-controlled multicenter study, *Int J Spine Sur*, 13(2): 110-119.

Khalil, J.G., Smuck, M., Koreckij, T., Keel, J., Beall, D., Goodman, B., ..., INTRACEPT Trial Investigators, A prospective, randomized, multicenter study of intraosseous basivertebral nerve ablation for the treatment of chronic low back pain, *Spine J*, 19(10): 1620-1632.

Lorio, M., Clerk-Lamalice, O., Beall, D.P., Julien, T. (2020) International Society for the Advancement of Spine Surgery Guideline – Intraosseous ablation of the basivertebral nerve for the relief of chronic low back pain, *Int J Spine Surg*, 14(1): 18-25.

**This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of the policy.**