



Requiring Dual Medial Branch Blocks before Radiofrequency Ablation Increases Costs for Patients and Payors

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INTRODUCTION

- Recent guidelines have advised against requiring two medial branch blocks (MBBs) before radiofrequency ablation (RFA) as second blocks have limited clinical benefit while delaying definitive care¹⁻³ (Fig 1)
- Yet, many payors still require two MBBs before RFA which may delay definitive care and increase costs
- This analysis assesses the cost of a second MBB before RFA in our institutional and Medicare patient populations

METHODS

- All cervical, thoracic, and lumbar RFAs at the Rutgers Pain Management Center from 2017 to 2021 were queried
- De-identified patient demographics, procedural data, and cost information were extracted retrospectively
- MBB cost information was extracted from the 2021 Medicare database
- Average institutional and Medicare costs for each MBB were calculated

Figure 1: Lack of pain difference (A) and treatment delay (B) in patients receiving one vs. two MBBs (adapted from *Cadwell et al. 2023*)

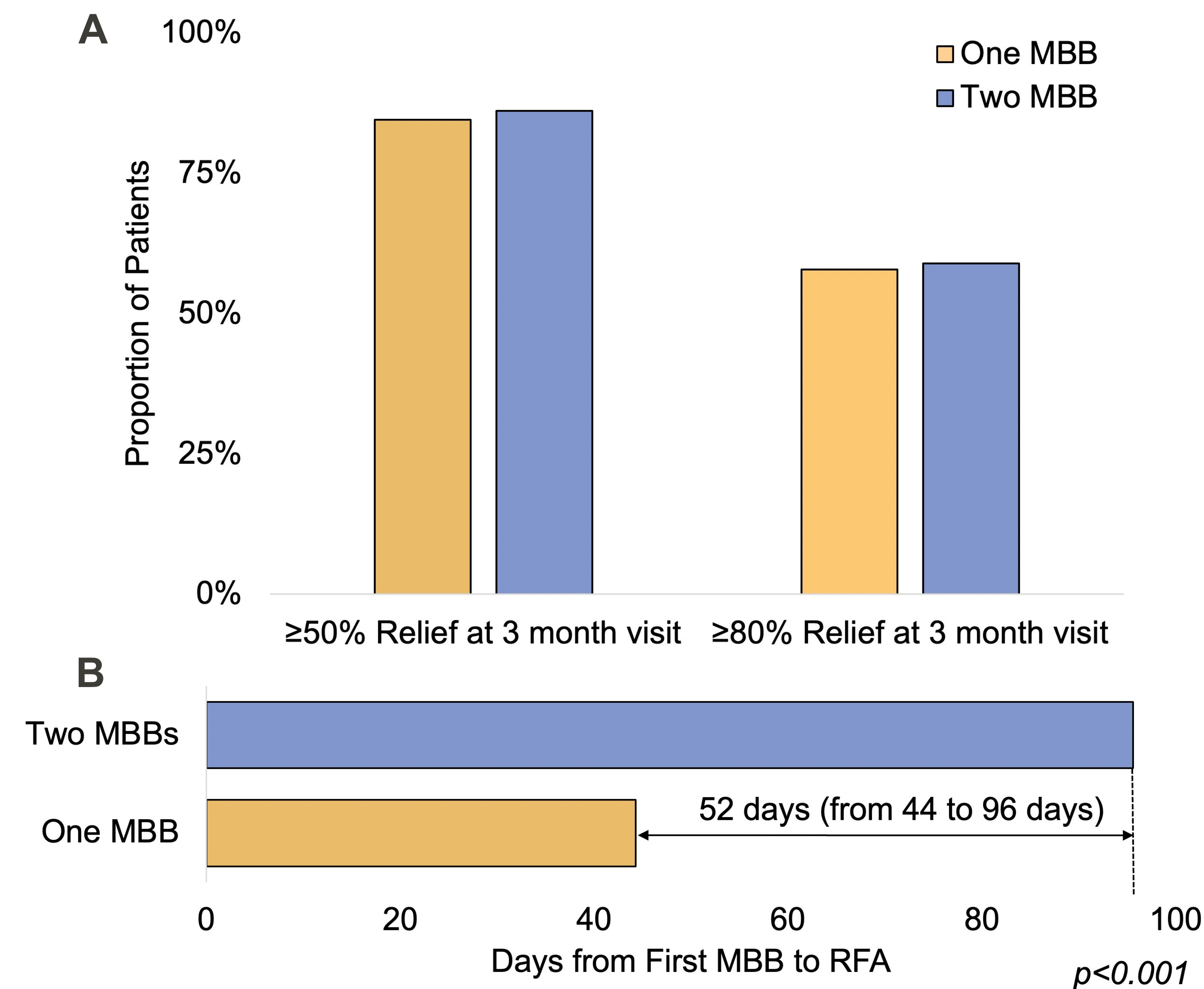
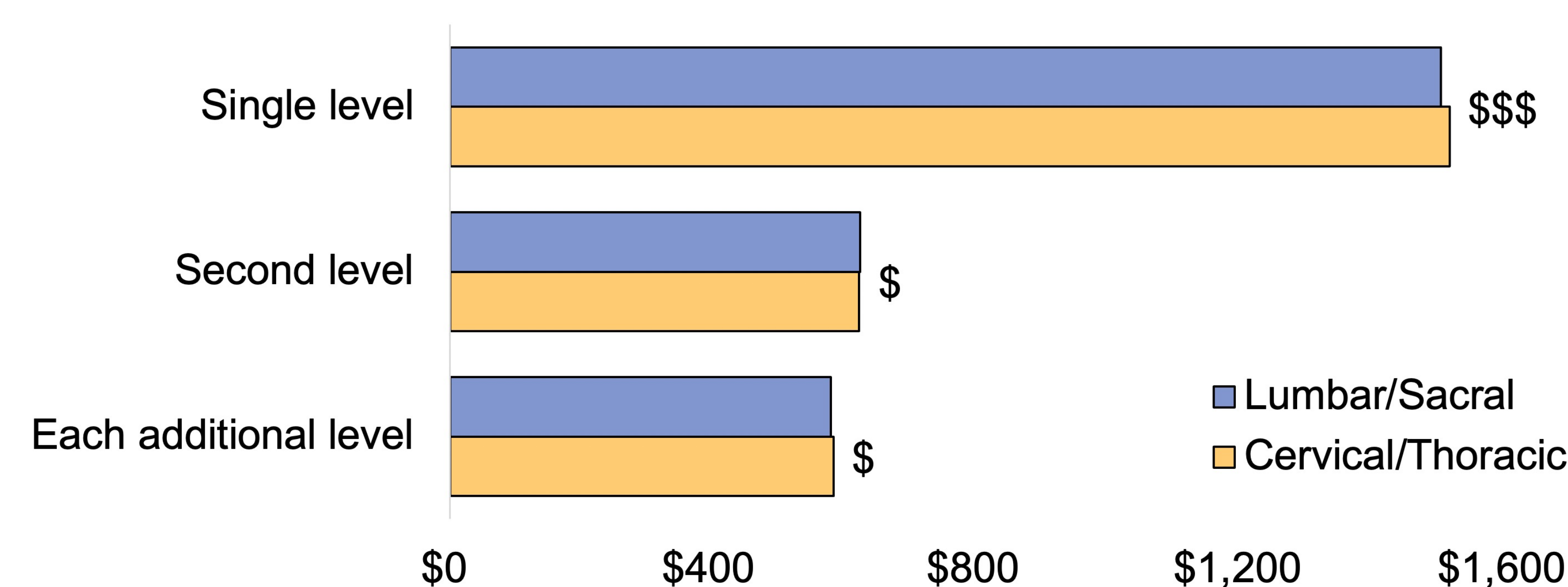


Figure 2: MBB cost in the 2021 Medicare database



RESULTS

- Each MBB accrued a total billable average of \$5,211 for a single-level block, with an additional \$3,016 for each additional level. This totals an accrued additional cost of \$1,155,919 for the 323 included patients from Rutgers
- Medicare: Thoracic/cervical MBBs accrued an average charge of \$1,512.86 for single-level blocks plus \$618.64 or \$580.57 for two or three or more blocks, respectively (Fig 2)
- Medicare: Lumbosacral MBBs accrued an average charge of \$1,499.04 for a single-level block plus \$620.45 or \$575.93 for two or three plus blocks, respectively (Fig 2)
- Additional unmeasured costs also accrue during the treatment delay (from pain medicine, alternative therapy, etc.)

CONCLUSION

- In addition to showing limited to no clinical benefit, the requirement of a second MBB imposed by many payors leads to additional costs to both the patient and payor while delaying the treatment of facet-mediated back pain

REFERENCES

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