



October 26, 2017

Blue Shield of California  
Attn: Medical Policy Committee and Prior Authorization Department  
50 Beale Street  
San Francisco, CA 94105

**Re: Regional Sympathetic Blocks Medical Policy**

To Whom It May Concern:

The Spine Intervention Society (SIS), a multi-specialty association of more than 2,700 physicians dedicated to the development and promotion of the highest standards for the practice of interventional procedures in the diagnosis and treatment of spine pain, would like to take this opportunity to comment on the Blue Shield's coverage policy for regional sympathetic blocks.

The Society's membership includes many of the clinicians and academicians whose published literature provides the seminal references upon which the practice of evidence-informed interventional spine care is based. Our organization has a strong record of working to eliminate fraudulent, unproven, and inappropriate procedures. At the same time, we are equally committed to assuring that appropriate, effective, and responsible treatments are preserved so that patients do not have to suffer or undergo more invasive and often unnecessary surgical procedures.

We would specifically like to comment on the current policy's requirement that diagnostic regional sympathetic blocks be performed using fluoroscopic guidance. While we wholeheartedly support use of fluoroscopic guidance for diagnostic regional sympathetic blocks, evidence has demonstrated the safety and effectiveness of ultrasound guidance specifically for **cervical** diagnostic regional sympathetic blocks, (stellate ganglion blocks).<sup>1-3</sup> While both fluoroscopy and ultrasound are effective means of guiding needle advancement and confirming injectate spread, ultrasound guidance allows for direct visualization of the blood vessels and other structures without exposing patients and healthcare providers to the risks of radiation.

**While we support the requirement of fluoroscopic guidance for lumbar diagnostic regional sympathetic blocks, we recommend the medical policy be revised to allow for either fluoroscopic guidance or ultrasound guidance for cervical diagnostic regional sympathetic blocks (stellate ganglion blocks).**

We hope that this information, as well as any dialogue and collaboration between Blue Shield of California and the Spine Intervention Society, will lead to the establishment of a

reasonable coverage policy that will eliminate inappropriate utilization while preserving access in appropriately selected patients. We offer our ongoing input and expertise in this matter. If we may answer any questions or provide any assistance, please feel free to contact Belinda Duszynski, Senior Director of Policy and Practice at [bduszynski@SpineIntervention.org](mailto:bduszynski@SpineIntervention.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy P. Maus, MD". The signature is fluid and cursive, with a large initial "T" and "M".

Timothy P. Maus, MD  
President  
Spine Intervention Society

**References:**

1. Gofeld M, Bhatia A, Abbas S, Ganapathy S, Johnson M. Development and validation of a new technique for ultrasound guided stellate ganglion block. *Reg Anesth Pain Med* 2009;34:475-9.
2. Jung G, Kim BS, Shin KB, Park KB, Kim SY, Song SO. The optimal volume of 0.2% ropivacaine required for an ultrasound guided stellate ganglion block. *Korean J Anesthesiol* 2011;60:179-84.
3. Imani F, Hemati K, Rahimzadeh P, Kazemi MR, Hejazian K. Effectiveness of stellate ganglion block under fluoroscopy or ultrasound guidance in upper extremity CRPS. *J Clin Diagn Res* 2016;10:UC09-12.