



January 29, 2019

Excellus BlueCross BlueShield Medical Policy Department
165 Court Street
Rochester, NY 14647

Re: Medical Policy 7.01.42 - Radiofrequency Joint Ablation/Denervation

To Whom It May Concern:

The Spine Intervention Society, a multi-specialty association of over 2,800 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 your policy *Radiofrequency Joint Ablation/Denervation*.

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, as well as interventional pain management for musculoskeletal 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.

Lateral Branch Radiofrequency Neurotomy

The policy classifies thermal radiofrequency ablation of the sacroiliac joint, also referred to as lateral branch radiofrequency neurotomy (LBRFN), as unproven or medically unnecessary despite the fact that there are multiple randomized controlled trials that have demonstrated the efficacy of the procedure.^{1,2} The evidence review included in the policy omits an important randomized controlled trial by Patel *et al* (attached) that included 51 patients and compared the efficacy of LBRFN using cooled radiofrequency (a type of thermal radiofrequency neurotomy) to a sham intervention for sacroiliac joint pain.² Statistically significant changes in pain, physical function, disability, and quality of life were found at 3-month follow-up, with all changes favoring the LBRFN group. At 3-month follow-up, 47% of treated patients and 12% of sham subjects achieved treatment success. At 6 and 9 months, respectively, 38% and 59% of treated subjects achieved treatment success. The treatment group showed significant improvements in pain, disability, physical function, and quality of life as compared with the sham group.

In addition, a recently completed multidisciplinary, multi-society effort to develop appropriate use criteria for sacroiliac interventions concluded that LBRFN is an appropriate treatment for appropriately selected patients. The multi-society expert

rating panel consisted of members representing the American Academy of Orthopaedic Surgeons, American Society of Anesthesiologists, American College of Radiology, American Academy of Physical Medicine and Rehabilitation, American Academy of Pain Medicine, North American Spine Society, and Spine Intervention Society. Panel members weighed the evidence and their clinical expertise in determining appropriateness of sacroiliac interventions for specific clinical scenarios.

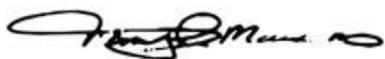
An excerpt from the manuscript (attached), which describes the results, is included below:

“Two key factors were identified for the evaluation of indications for a lateral branch radiofrequency neurotomy (LBRFN): duration of symptoms and degree of pain relief obtained during blocks. The rating panel specified that patients should have symptoms for a minimum duration of 2-3 months prior to undergoing this procedure. Raters also clearly felt that obtaining less than 50% pain relief from diagnostic injections was insufficient justification to proceed with LBRFN. Increased percentage of pain relief and duration of symptoms both correlated with higher levels of appropriateness, although raters did not differentiate between 75% and 100% pain relief, which were treated as equivalent.

Similar trends emerged for consideration of repeat LBRFN. Repeat LBRFN was not deemed appropriate if the first LBRFN resulted in less than 50% pain relief or if the duration of effect was less than 3 months. Increasing the duration and percentage of pain relief resulted in higher levels of appropriateness, although the raters again did not discriminate between 75% and 100% pain relief. The type and sequence of block obtained (intra-articular vs lateral branch block) had minimal effect on the outcome and was most relevant for those with 50-75% pain relief and in those with only 2-3 months of symptoms.”³

We hope that this information, as well as any dialogue and collaboration between Excellus Blue Cross Blue Shield 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.

Sincerely,



Timothy Maus, MD
President
Spine Intervention Society

Attachments:

Patel N, Gross A, Brown L, Gekht G. A randomized, placebo controlled study to assess the efficacy of lateral branch denervation for chronic sacroiliac joint pain. *Pain Med* 2012;13:383-98.

MacVicar J, Kreiner DS, Duszynski B, Kennedy DJ. Appropriate use criteria for fluoroscopically guided diagnostic and therapeutic sacroiliac interventions: results from the Spine Intervention Society convened multispecialty collaborative. *Pain Med* 2017;18:2081-2095.

References:

1. Cohen SP, Hurley RW, Buckenmaier CC, et al. Randomized placebo-controlled study evaluating lateral branch radiofrequency denervation for sacroiliac joint pain. *Anesthesiology* 2008;109:279-88.
2. Patel N, Gross A, Brown L, Gekht G. A randomized, placebo controlled study to assess the efficacy of lateral branch denervation for chronic sacroiliac joint pain. *Pain Med* 2012;13:383-98.
3. MacVicar J, Kreiner DS, Duszynski B, Kennedy DJ. Appropriate use criteria for fluoroscopically guided diagnostic and therapeutic sacroiliac interventions: results from the Spine Intervention Society convened multispecialty collaborative. *Pain Med* 2017;18:2081-2095.