May 11, 2017

Highmark BlueCross Blue Shield of West Virginia
Fifth Avenue Place
120 Fifth Avenue
Pittsburgh, PA 15222-3099 via eMail: medicalpolicy@highmark.com

Re: Paravertebral Facet Joint Nerve Blocks

To Whom It May Concern:

The Spine Intervention Society, a multi-specialty association of over 2,600 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 Paravertebral Facet Joint Nerve 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 wish to clarify terminology used in the coverage policy and suggest retitling the coverage policy as Facet Joint Injections. In the introduction, Highmark delineates between different types of injections for facet-mediated pain: intra-articular facet joint injections and medial branch blocks. This distinction is accurate.

Medial branch block is the correct terminology to describe diagnostic local anesthetic medial branch nerve blocks, used to determine if the facet joint that they innervate, is the primary source of a patient’s pain. These are diagnostic injections used to determine facet-mediated pain and appropriateness of radiofrequency neurotomy as a treatment.

Intra-articular facet joint injections can be diagnostic and/or therapeutic, including local anesthetic injected into the painful facet joint for a diagnostic block, and adding corticosteroid for therapeutic relief. A positive response to a diagnostic intra-articular facet joint injection suggests that the facet joint itself is the source of pain, and that treatment with a therapeutic intra-articular facet joint injection, which contains steroid, would be an appropriate treatment.
We would recommend the following revisions in order to provide further clarification.

Paravertebral facet joint injections or facet joint nerve (medial branch) block injections meet the criteria for **EITHER** of the injections below:

- A diagnostic lumbar medial branch block is performed to determine whether chronic pain is of facet joint origin; **or**
- A diagnostic and potentially therapeutic intra-articular facet joint injection is performed when facet-mediated pain is the most likely cause of axial low back.

We hope that this information, as well as any dialogue and collaboration between Highmark 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,

Scott I. Horn, DO
Health Policy Division Chair
Spine Intervention Society