



New York Society of Interventional Pain Physicians

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Comment from the New York Society of Interventional Pain Physicians (NYSIPP) Re: Thermal Destruction of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Low Back Pain

The New York Society of Interventional Pain Physicians appreciates the opportunity to comment on the draft policy regarding thermal destruction of the intraosseous basivertebral nerve (BVN) for vertebrogenic low back pain. We fully support the use of evidence-based criteria to ensure appropriate patient selection; however, we respectfully recommend revising the requirement for mandatory psychological evaluation prior to basivertebral nerve ablation (BVNA).

BVNA is a minimally invasive, targeted, percutaneous procedure that treats a clearly defined structural source of chronic low back pain, Modic type 1 and type 2 endplate changes. Unlike other interventional spine procedures, BVNA does not involve the placement of any implant or hardware, and the mechanism of action is strictly anatomical and nociceptive rather than psychosocial. The clinical pathway for BVNA is therefore more analogous to other percutaneous spine interventions that do not require routine psychological screening.

In the medical opinion of our society's interventional pain physicians, a mandatory psychological evaluation is not clinically necessary for BVNA when patients have already undergone appropriate diagnostic workup confirming vertebrogenic pain. The presence of Modic changes on MRI, correlation with midline low back pain, and failure of conservative therapy provide a clear, objective basis for treatment. Requiring psychological assessment for all candidates creates unnecessary barriers to care, increases cost, and delays access to a procedure that has demonstrated durable, meaningful improvement in pain and function.

We agree that patients should receive careful clinical evaluation, including a thorough history, physical examination, and imaging review. These elements are essential and should be documented in the medical record.

In summary, NYSIPP respectfully requests revising the policy language to either remove the psychological screening requirement or clarify that such screening should be conducted only when clinically appropriate, rather than universally. We appreciate your consideration and remain committed to supporting policies that promote safe, effective, and timely access to interventional pain treatments.

Regards,

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