



New York Society of Interventional Pain Physicians

NYSIPP
1991 Marcus Ave, M217
Lake Success, NY 11042
(516) 492-3100
NYSIPP.org

To
Medical Director
CIGNA

Dated: 9/11/23

Sudhir Diwan, MD
CEO

Dear Sir/Mam;

Kenneth Chapman MD
President

This is to state that New York Society of Interventional Pain Physicians is a state chapter of American Society of Interventional Pain Physicians (ASIPP). We are dedicated to promote the development and practice of safe, high quality, cost-effective interventional pain management techniques for the diagnosis and treatment of pain and related disorders, and to ensure patient access to these interventions. We represent voices of practicing interventional pain physicians in the state of New York.

Robert Tiso MD
President-Elect

Karina Gritsenko MD
Vice-President

Edward Rubin MD
Treasurer

On behalf of our members comprising physicians who utilize and/or perform intraosseous basivertebral nerve ablation, we would like to take this opportunity to share comments regarding Cigna's Proposed Local Coverage Determination for Intraosseous Basivertebral Nerve Ablation.

Hemant Kalia MD MPH
Secretary

We have two significant concerns with the proposed LCD's covered indication:

1. The treatment restricted to Single (2 vertebral) level.
2. The requirement that patients undergo screening, evaluation, and diagnosis by a multidisciplinary team to include psychological and physical assessment.

Neither of these requirements is rational or evidence-based. The studies, appropriately cited by the LCD, that have demonstrated the procedure's effectiveness did not preclude the treatment of patients with multilevel pathology, nor did they require extensive screening, evaluation, and diagnosis by a multidisciplinary team and implementation of a psychological assessment.

Restricting the treatment to single level increases the risk of poor patient outcomes in patients that suffer from multi-level disease. The



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published regression analysis demonstrated that patients treated at 3 or 4 vertebral bodies have the same outcomes as patients with treated at 2 VBs. Infact, 65% of patients had 2 VBs treated; 25% had 3 treated; and 10% had 4 treated.^{1,2}

Requiring screening, evaluation, and diagnosis by a multidisciplinary team is not reasonable and serves only as a barrier to treatment. A psychological assessment in these patients is unnecessary as these patients have chronic pain (>6 months), have already undergone extensive conservative, non-surgical management, and have Type 1 or Type 2 Modic changes on MRI. For this patient population, the treatment is highly effective. There simply is no basis for a psychological assessment in these patients.

CBT Requirement:

- CBT doesn't eliminate pain; it helps patients with anxiety and depression to reduce pain amplification. BVNA has been demonstrated to significantly reduce and, in one-third of patients, eliminate the pain beyond 5-years after a single treatment.
- CBT resources are not readily available in all communities and the cost of co-pay inordinately disadvantages lower socio-economic patients.
- Limited availability of CBT resources may cause a delay in patients receiving BVNA treatment and significantly increases the healthcare costs in these patients.

Mental health requirement:

- No other ablation procedure has this requirement.
- In the RCTs, Beck's Depression Index (BDI) was the only psychological screen performed. Out of 1,483 patients screened, only 23 (1.6%) were excluded for a BDI >24. Such a low incidence does not warrant a requirement.

¹ Smuck M, Khalil JG, Barrett K, Hirsch JA, Kreiner S, Koreckij T, et al. A prospective, randomized, multi-center study of intraosseous basivertebral nerve ablation for the treatment of chronic low back pain: 12-month results. *Reg Anesth Pain Med.* 2021;rapm-2020-102259. doi:10.1136/rapm-2020-102259. [Open access.](#)

² Tieppo FV, Sherwood D, Twohey E, Barndt B, Pagan-Rasodo R, Eubanks J, Sayed D. Developments in Minimally Invasive Surgical Options for Vertebral Pain: Basivertebral Nerve Ablation – A Narrative Review. *JPR.* 2021;14:1887-1907. [Open access](#)



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We hope that Noridian will consider our comments and revise this Coverage Policy to ensure that appropriate patients have access to this procedure. We welcome the opportunity to further elaborate on the comments provided herein and look forward to working with you to improve patient access to care and outcomes.

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Hemant Kalia MD MPH
Secretary

Sincerely,

Hemant Kalia MD MPH FIPP

Chair, NYSIPP Advocacy Consortium
