

# HERC Coverage Guidance – Percutaneous Interventions for Cervical Spine Pain Disposition of Public Comments

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## Commenters

Identification	Stakeholder
A	North American Spine Society (NASS), Burr Ridge, IL <i>[Submitted June 6, 2014]</i>

## HERC Coverage Guidance – Percutaneous Interventions for Cervical Spine Pain Disposition of Public Comments

### Public Comments

Ident.	#	Comment	Disposition
A	1	<p>NASS agrees with a majority of the HERC guidance regarding coverage for therapeutic cervical spinal epidural injections for chronic cervical pain with radiculopathy. Regarding indications, in addition to the documentation of herniated intervertebral disc, other anatomic causes of radiculopathy should also be included such as:</p> <ul style="list-style-type: none"> <li>• Neuroforaminal stenosis;</li> <li>• Central stenosis, disc protrusions; and/or</li> <li>• Segmental spondylosis with radicular pain.</li> </ul> <p>NASS strongly agrees that all cervical epidural injections or selective nerve root blocks should be performed with fluoroscopic or CT-guidance.</p>	<p>Thank you for taking the time to comment.</p> <p>HTAS acknowledges that there are other anatomic causes of radiculopathy; however, evidence of effectiveness is strongest in patients with herniated disc as the causative condition. The guideline provided by the expert (Cohen 2013) states the following:            “An evidence-informed review by Stout concluded that cervical ESIs are probably effective in the short term, but that definitive evidence is lacking. The author further noted that the evidence is stronger for herniated disk and nonosseous central stenosis than it is for foraminal or osseous stenosis and that ESI should not be a first-line treatment.”</p>

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	2	<p>NASS would like to clarify also that an epidural injection can be appropriately performed by either an interlaminar approach or a transforaminal approach. The HERC reference to a translaminar approach is incorrect as there is no translaminar approach with these injections and the terminology to reference either an interlaminar or a transforaminal approach should be corrected in your policy guidance.</p> <p>NASS also wishes to clarify, as referenced in your policy, the utility of diagnostic spinal nerve (root) blocks in the treatment and/or diagnosis of cervical radicular pain. These blocks use a foraminal approach and share the same CPT codes (64479-64480) as the technically similar transforaminal epidural injection.</p>	<p>These terms translaminar and interlaminar are used interchangeably in the WA HTA report and in CMS coverage decisions. Terminology changed to reflect your suggestions in the body of the guidance; however, when this term is used in coverage policies, no change has been made.</p> <p>The diagnostic blocks referred to in the coverage guidance are medial branch blocks, and the CPT codes utilized (64490-2) are different than those referred to by the commenter. Diagnostic spinal nerve root blocks (64479-80) were not reviewed in this document. Text in the guidance document has been clarified and CPT codes added.</p>
	3	<p>Although many patients may respond to conservative treatment (rest, NSAIDs, PT), in patients with moderate to severe radicular pain with resulting functional limitations (i.e., inability to work, etc.) and appropriate correlated imaging findings, cervical epidural injections are indicated in the acute and sub-acute phases of treatment and is an appropriate conservative treatment option in this patient population.</p>	<p>All studies in the evidence review included only patients with chronic neck pain. When this was defined, it was pain of &gt; 6 months duration or more.</p> <p>The background section of this document reports the definition of chronic to be greater than 3 months; this clarification has been added to the box language.</p>
	4	<p>NASS would like to recommend the Health Evidence Review Commission to include a transparent evidentiary table that will allow users to access and review available supporting literature as well as provide a definition of chronic for further</p>	<p>Links to the supporting literature, when publically</p>

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		clarification.	available, are provided on page 2 of the guidance document. See comment 3 regarding definition of chronic.
	5	Please click on the link below for the NASS coverage recommendations on cervical epidural injections and diagnostic spinal nerve blocks for your reference: <a href="https://www.spine.org/Pages/PolicyPractice/Coverage/CoverageRecommendations.aspx">https://www.spine.org/Pages/PolicyPractice/Coverage/CoverageRecommendations.aspx</a>	Thank you for providing this information.

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## References Provided by Commenters

Commenter	References
A	NASS. (2014). Cervical Epidural Injections And Diagnostic Spinal Nerve Block. <a href="https://www.spine.org/Documents/PolicyPractice/CoverageRecommendations/CervicalEpiduralInjections.pdf">https://www.spine.org/Documents/PolicyPractice/CoverageRecommendations/CervicalEpiduralInjections.pdf</a>

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