American Society *of* Interventional Pain Physicians®

"The Voice of Interventional Pain Management"

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February 7, 2023

Julie B. Kessel, MD
Medical Officer for Coverage Policy
Clinical Performance and Quality Organization

Re: Cigna Medical Policy Update – Peripheral Nerve Block Procedures Considered Experimental, investigational, or unproven efficacy April 18th, 2023

Dear Dr. Kessel:

On behalf of our 48 component state societies, our over 4,000 provider members, and our thousands of patients, we are opposed to the recent rule change regarding peripheral nerve blocks effective on April 18th, 2023, specifically effecting CPT codes 64505, 64400 and 64405 as experimental or investigational as well as 64450 (for trigeminal and occipital neuralgia). **We recommend that these procedures continue to be covered and we find the characterization of these procedures to be experimental or investigational to be inaccurate.**

On behalf of ASIPP and our component societies, ***we ask that this new policy restricting the use of peripheral nerve blocks be re-evaluated and modified.***

These procedures have been done successfully in patients for well over 40 years, and the medications used have been used in nerve block techniques for decades and established practice. (1) Medication typically used for nerve blocks are FDA approved and thus by definition are not "experimental". (2) Peripheral nerve blocks work by blocking nerve impulses that transmit pain signals from specific peripheral nerves to the central nervous system. The mechanism of action of peripheral nerve blocks in treating chronic pain is based on the principle of selective nerve inhibition. (1,2)

Peripheral nerve blocks are typically performed by injecting a local anesthetic into or near a specific peripheral nerve or nerve plexus. The local anesthetic acts by inhibiting the conduction of nerve impulses, thereby reducing or eliminating the transmission of pain signals from that nerve. This leads to a reduction in the perception of pain and an improvement in pain control.

In the case of chronic pain, peripheral nerve blocks can be used to target specific pain generators and provide long-lasting pain relief. For example, peripheral nerve blocks can be used to treat chronic

neuropathic pain, which is caused by damage to the peripheral nerves. By blocking the affected nerve or nerves, peripheral nerve blocks can reduce or eliminate the pain associated with neuropathy.

A study published in the Journal of Pain and Symptom Management (Barker et al., 2011) (1) found that peripheral nerve blocks were effective in reducing pain intensity and improving quality of life for patients with chronic neuropathic pain. Similarly, a study published in Anesthesia & Analgesia (Raja et al., 2007 (2)) found that peripheral nerve blocks were effective in reducing chronic pain related to post-herpetic neuralgia, a type of neuropathic pain.

Peripheral nerve blocks can be used to help diagnose the pain as being generated from a nerve and may be opioid sparing. It is disappointing to see that a modality that has been used for many decades and could be a means for pain relief will be denied which may force patients to use opioids as an alternative.

We are also disappointed to hear that occipital nerve blocks and trigeminal nerve blocks will no longer be covered. This is odd as these procedures are not considered experimental nor are they investigational. In fact, these procedures have also been performed for decades with great peer reviewed published evidence.

Perhaps Cigna did not have a chance to review the data and we have found the following information to be quite helpful for us:

Overall, trigeminal nerve blocks are considered a safe and effective treatment option for trigeminal neuralgia, and are often used to relieve pain in patients who do not respond to other forms of therapy or who cannot tolerate other treatments due to side effects or other health concerns.

There is substantial evidence to support the efficacy of trigeminal nerve blocks in treating trigeminal neuralgia. In a systematic review of studies, Gobbi et al. (2010) (3) found that trigeminal nerve blocks were effective in reducing pain in up to 80-100% of some patients with trigeminal neuralgia. In addition, the duration of pain relief varied from several hours to several months, depending on the type of anesthetic agent used and the specific technique employed.

Similarly, a study by Wu and Leng (2010) (4) found that trigeminal nerve blocks were effective in reducing pain in up to 95% of some patients with trigeminal neuralgia. The median duration of pain relief was 7.5 days, and up to 50% of patients had sustained pain relief for more than 3 months after the procedure. This is impactful data.

Adair and Gharibo (2012) (5) also found that trigeminal nerve blocks were effective in reducing pain in patients with trigeminal neuralgia, with a success rate of 80-100%. The authors noted that the duration of pain relief varied, but that it was generally longer with the use of alcohol as an anesthetic agent compared to other agents.

Another study by Kanaan and Spiegel (2012) (6) found that trigeminal nerve blocks were effective in reducing pain in 80-100% of patients with trigeminal neuralgia. The authors also noted that the procedure was well-tolerated, with few side effects.

Overall, the available data suggests that trigeminal nerve blocks are an effective treatment option for patients with trigeminal neuralgia, with high rates of pain reduction and low risk of adverse effects. However, it is important to note that the exact efficacy of the procedure may vary depending on individual patient characteristics and the specific technique used. (9,10)

There is a growing body of evidence to support the efficacy of occipital nerve blocks in treating occipital neuralgia. A systematic review of studies by Bhangoo et al. (2017) found that occipital nerve blocks were effective in reducing pain in up to 90% of patients with occipital neuralgia. In addition, the authors found that the average duration of pain relief was several weeks, although this varied depending on the specific technique used and the anesthetic agent employed.

Similarly, a study by Chen et al. (2015) (7) found that occipital nerve blocks were effective in reducing pain in 89% of patients with occipital neuralgia. The authors noted that the duration of pain relief varied from several hours to several months, depending on the type of anesthetic agent used and the specific technique employed.

In another study by Fan et al. (2016 (8), occipital nerve blocks were found to be effective in reducing pain in up to 95% of patients with occipital neuralgia. The authors noted that the average duration of pain relief was several weeks, although some patients experienced sustained pain relief for several months after the procedure.

As you can see, peripheral nerve blocks to treat chronic pain are not experimental and have been used for over 40 years. They are not investigational as not only have they been used for many decades, they also have medications FDA approved for their use and there are multiple different peer reviewed studies from multiple different authors in multiple different journals, over many years.

ASIPP is a not-for-profit professional organization founded in 1998 now comprising over 4,500 interventional pain physicians and other practitioners who are dedicated to ensuring safe, appropriate and equal access to essential pain management services for patients across the country suffering with chronic and acute pain. There are approximately 8,500 appropriately trained and qualified physicians practicing interventional pain management in the United States. ASIPP is comprised of 48 state societies of Interventional Pain Physicians, including Puerto Rico and the affiliated Texas Pain Society.

Interventional pain management is defined as , “the discipline of medicine devoted to the diagnosis and treatment of pain related disorders principally with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatment” (http://www.cms.hhs.gov/transmittals/Downloads/r1779b3.pdf).

Interventional pain management techniques are defined as, “minimally invasive procedures including, percutaneous precision needle placement, with placement of drugs in targeted areas or ablation of targeted nerves; and some surgical techniques such as laser or endoscopic diskectomy, intrathecal infusion pumps and spinal cord stimulators, for the diagnosis and management of chronic, persistent or intractable pain”. (https://permanent.fdlp.gov/lps21261/dec2001PainManagement.pdf

On behalf of ASIPP and our component societies, ***we ask that this new policy restricting the use of peripheral nerve blocks be rescinded.*** It is unfair to our patients to rob them of a therapy that has been proven to work, backed by peer reviewed publications, has evidence of efficacy, has FDA approved medications for use, provides diagnostic utility which is helpful for physicians, and represents a non-opioid way to treat pain to be denied.

Sincerely,

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