



7075 Veterans Blvd.  
Burr Ridge, IL 60527 USA  
tf 866-960-6277 p 630-230-3600 f 630-230-3700  
www.spine.org

July 11, 2022

United Healthcare  
Medical Policy Team  
Jennifer M. Lathrop

**Re: Facet Joint Injections for Spinal Pain**  
**Policy Number: 2021T0004LL**  
**Effective Date: November 1, 2021**

To Whom it May Concern:

The North American Spine Society (NASS) is a global multidisciplinary medical organization dedicated to fostering the highest quality, evidence-based and value-based, ethical spine care by promoting education, research and advocacy. NASS is comprised of nearly 9,000 spine care providers from several disciplines including orthopedic surgery, neurosurgery, physiatry, neurology, radiology, anesthesiology, research and physical therapy.

It has come to our attention that UHC is not covering radiofrequency neurotomy for treatment of pain arising from the C2-3 Z-joint. NASS understands that C1-2 is anatomically different from the sub axial spine, and thus not included in our coverage policy recommendation. However, C2-3 is sub axial and amenable to treatments applied to this region of the cervical spine, including radiofrequency neurotomy. The cervical facet joints account for 55 to 69% of chronic neck pain<sup>1-5</sup> and this frequency increases after whiplash injuries<sup>1</sup>. In the cervical spine, C2-3 has been found to be the level most commonly responsible for upper neck and headache pain<sup>1,6</sup>.

The current UHC Coverage Policy limits coverage for injection and radiofrequency ablation of facets at C3-4 and below. The C2-3 facet joint is a common cause of pain and is just as amenable to treatment as the joints from C3-4 and below<sup>7-9</sup>. There is no clear rationale for excluding this joint from treatment and we encourage UHC to modify their policy to allow coverage to include joints including C2-3 and below.

We believe our attached Facet Joint Interventions Coverage Policy Recommendation (Refer to highlighted sections) appropriately justifies treatment of this joint and would hope that this fix can be expedited as this policy is clearly limiting access to reasonable care for patients.

After reviewing the above comments, it is hoped that UHC will consider revising the policy changes to reflect all new evidence and provide coverage accordingly. NASS welcomes the

opportunity to further elaborate on the comments provided herein and looks forward to working with UHC to improve patient access to care and outcomes.

In addition to NASS, the following Multi-Society Pain Work Group (MPW) societies have signed on to the letter to offer their support.

American Academy of Pain Medicine (AAPM)  
American Academy of Physical Medicine and Rehabilitation (AAPM&R)  
American College of Radiology (ACR)  
American Society of Anesthesiologists (ASA)  
American Society of Neuroradiology (ASNR)  
American Society of Regional Anesthesia and Pain Medicine (ASRA)  
American Society of Spine Radiology (ASSR)  
North American Neuromodulation Society (NANS)  
Society of Interventional Radiology (SIR)  
Spine Intervention Society (SIS)

Please contact Karen James, Senior Manager of Health Policy at [kjames@spine.org](mailto:kjames@spine.org) if you have any questions or comments.

Sincerely,



Edward J. Dohring, MD  
President, North American Spine Society



Christopher P. Kauffman, MD  
Director, Health Policy Council

*R. Scott Cowan, MD*

R. Scott Cowan, MD  
Chair, Payor Policy Review Committee (PPRC)

#### References

1. Barnsley L, Lord SM, Wallis BJ, Bogduk N. The prevalence of chronic cervical zygapophysial joint pain after whiplash. *Spine*. Jan 1 1995;20(1):20-5; discussion 26.
2. Cooper G, Bailey B, Bogduk N. Cervical zygapophysial joint pain maps. *Pain medicine (Malden, Mass)*. May-Jun 2007;8(4):344-53. doi:10.1111/j.1526-4637.2006.00201.x
3. Yin W, Bogduk N. The nature of neck pain in a private pain clinic in the United States. *Pain medicine (Malden, Mass)*. Mar 2008;9(2):196-203. doi:10.1111/j.1526-4637.2007.00369.x

4. Manchikanti L, Boswell MV, Singh V, Pampati V, Damron KS, Beyer CD. Prevalence of facet joint pain in chronic spinal pain of cervical, thoracic, and lumbar regions. *BMC musculoskeletal disorders*. May 28 2004;5:15. doi:10.1186/1471-2474-5-15
5. Speldewinde GC, Bashford GM, Davidson IR. Diagnostic cervical zygapophyseal joint blocks for chronic cervical pain. *The Medical journal of Australia*. Feb 19 2001;174(4):174-6.
6. Lord SM, Barnsley L, Wallis BJ, Bogduk N. Third occipital nerve headache: a prevalence study. *Journal of neurology, neurosurgery, and psychiatry*. Oct 1994;57(10):1187-90.
7. Govind J, King W, Bailey B, Bogduk N. Radiofrequency neurotomy for the treatment of third occipital headache. *Journal of neurology, neurosurgery, and psychiatry*. Jan 2003;74(1):88-93. doi:10.1136/jnnp.74.1.88
8. Lord SM, Barnsley L, Bogduk N. Percutaneous radiofrequency neurotomy in the treatment of cervical zygapophysial joint pain: a caution. *Neurosurgery*. Apr 1995;36(4):732-9.
9. MacVicar J, Borowczyk JM, MacVicar AM, Loughnan BM, Bogduk N. Cervical medial branch radiofrequency neurotomy in New Zealand. *Pain medicine (Malden, Mass)*. May 2012;13(5):647-54. doi:10.1111/j.1526-4637.2012.01351.x