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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 pain¹⁻⁵ and this frequency increases after whiplash injuries¹. In the cervical spine, C2-3 has been found to be the level most commonly responsible for upper neck and headache pain^{1,6}.

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 below⁷⁻⁹. 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 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)

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