

AMERICAN ASSOCIATION OF
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American
Association of
Neurological
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Congress of
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CONGRESS OF
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June 4, 2022

Edward Dohring, MD, President
North American Spine Society
7075 Veterans Blvd.
Burr Ridge, IL 60527

SUBJECT: NASS Draft Model Coverage Policy on Basivertebral Nerve Ablation

Dear Dr. Dohring:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS) and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (DSPN), we appreciate the opportunity to comment on the North American Spine Society's (NASS) draft model coverage policy recommendation for basivertebral nerve ablation.

We are concerned about the coverage policy's tone and overly broad indications, limiting our ability to endorse the coverage policy. The arguments and clinical data to support basivertebral nerve ablation are contradictory. The recommendation that basivertebral nerve ablation is a safe and cost-effective treatment for low back pain without a diagnosis is weak.

Specifically, our concerns related to the following:

- 1) The policy states, "Basivertebral Nerve Ablation is indicated for patients presenting with lower back pain, when: Patients have chronic lower back pain for at least 6 months, Patients have failed to adequately improve despite attempts at nonsurgical management, Patients have Type 1 or Type 2 Modic changes on MRI."

This indication is overly broad and would essentially encompass anyone with chronic low back pain — ranging from chronic lumbar strain to lumbar stenosis, degenerative scoliosis, facet arthroplasty and disc disease. Importantly, Modic changes can be seen on MRI scans in our aging population as an asymptomatic finding, as low back pain is a symptom and not a diagnosis.

Given this, further workup should be pursued before undergoing any ablative procedure to elucidate the underlying cause of the pain. In addition, there should be clarity on what other specific management options should be provided before undergoing this procedure and for how long they should be attempted before the patient is deemed a candidate for basivertebral nerve ablation. Below is a list of literature to support our position:

- a. Albert HB, Kjaer P, Jensen TS, Sorensen JS, Bendix T, Manniche C. Modic changes, possible causes and relation to low back pain. *Med Hypotheses*. 2008;70(2):361-8. doi: 10.1016/j.mehy.2007.05.014. Epub 2007 Jul 10.
- b. Chung CB, Berg BC, Tavernier T, Cotten A, Laredo JD, Vallee C, et al. End plate marrow changes in the asymptomatic lumbosacral spine: frequency, distribution and correlation with age and degenerative changes. *Skeletal Radiol*. 2004;33:399–404. doi: 10.1007/s00256-004-0780-z. [PubMed] [CrossRef] [Google Scholar] [Ref list]
- c. Weishaupt D, Zanetti M, Hodler J, Boos N. MR imaging of the lumbar spine: prevalence of intervertebral disk extrusion and sequestration, nerve root compression, end plate

abnormalities, and osteoarthritis of the facet joints in asymptomatic volunteers. Radiology. 1998;209:661–666. [PubMed] [Google Scholar] [Ref list]

- 2) The coverage policy states that this procedure is not indicated if “Radiographic evidence of another obvious etiology for the patient’s LBP.” This statement appears to be more of a disclaimer than a characterization of an exclusionary diagnosis. Such an overly broad comment will not address the unindicated use of this procedure. Other contraindications such as “Patients with severe cardiac or pulmonary compromise” and “Patients with implantable pulse generators (eg, pacemakers, defibrillators) or other electronic implants unless specific precautions are taken to maintain patient safety” appear related to using this technique rather than proper recommendations of how to best treat the patient.
- 3) The coverage policy refers to basivertebral nerve ablation but does not specify a technique. The rationale discusses both percutaneous interosseous ablation and transforaminal epiduroscopic ablation methods. Are both of these methods endorsed by NASS for coverage under the same indications and exclusions?

This coverage policy attempts to frame basivertebral nerve ablation as the procedure to perform on patients with chronic low back pain akin to other symptom management of low back pain — such as non-steroidal anti-inflammatory drugs or physical therapy — with little unbiased non-manufacturer-supported evidence to support it. We strongly believe that basivertebral nerve ablation should be addressed as any new technology, with clear indications for its use and continued clinical studies supporting its efficacy, while watching for any potential significant negative impact on patient safety and quality of care.

Conclusion

Overall, for the reasons stated above, we cannot support the NASS Basivertebral nerve ablation coverage policy.

Thank you for the opportunity to express our views.

Sincerely,



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American Association of Neurological Surgeons



Nicholas C. Bambakidis, MD, President
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