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The International Pain and Spine Intervention Society, along with the undersigned medical specialty societies comprising physicians who utilize and/or perform interventional pain and spine procedures to accurately diagnose and treat patients, would like to take this opportunity to comment on the final LCD for trigger point injections (TPIs). We share your goal of ensuring access to high-quality, evidence-based, safe care for Medicare beneficiaries. We hope you will consider our feedback regarding the importance of ultrasound guidance in ensuring the safe and accurate performance of TPIs.

The current LCD indicates that "the use of ultrasound guidance for the performance of TPI is considered investigational." Image guidance is vital to ensure the needle and injectate are placed safely and accurately within certain anatomical locations.

In an effort to ensure that TPIs do not pose a safety risk for patients, we urge the MACs to cover ultrasound guidance in specific regions where an inaccurately placed injection could pose a significant safety risk.

Recommendation

> *Ultrasound guidance may be indicated and should be covered in areas near high-risk tissues (risk of neural, vascular, pulmonary, or other visceral injury) or in deeper anatomic locations. Examples include trigger point injections into the scalenes and other axial neck muscles, the piriformis and other deep gluteal muscles, the iliopsoas and other deep anterior hip/pelvic musculature, as well as within the thoracic region overlaying the lungs.*
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> 1. *The scalenes and other axial neck muscles: If a trigger point injection is performed without image guidance, there is a risk of trespass/damage to the cervical nerve roots, brachial plexus, and numerous vascular structures, including but not limited to the carotid and vertebral arteries.*
> 2. *The piriformis and other deep gluteal muscles: There is a risk of trespass/damage of the sciatic nerve in this region if a trigger point injection is performed without image guidance.*
> 3. *Thoracic region overlying the lungs: If a trigger point injection is performed without image guidance, there is a risk of pneumothorax in this region.*

Evidence
A multisociety guideline was published in July 2024 and presented the following statement and recommendations, referencing the evidence demonstrating the importance of ultrasound guidance in reducing adverse events (1).

Statement:

1. Ultrasound can visualize neurovascular structures and may result in more accurate targeting of trigger point injections in deeper anatomic locations. (Level of Certainty: Moderate)

Recommendations:

1. Trigger point injections can be conducted based on palpation alone or with ultrasound, which may improve accuracy of injection. (Grade C)
2. Clinicians may consider ultrasound guidance for trigger point injections in areas near high-risk tissues (risk of neural, vascular, pulmonary, or visceral injury) or in trigger points located in deeper anatomic locations. (Grade C)

We encourage the MACs to review this new guideline and the evidence cited therein, which supports the use of ultrasound guidance for TPIs in specific anatomic locations. Without ultrasound guidance availability, diagnostic relevance will be lost, and the safety of certain TPI injections (e.g., anterior neck muscles, deep gluteal muscles, chest wall, as described above) will be greatly reduced.

The undersigned societies appreciate the opportunity to provide these comments. The MPW societies welcome the opportunity to work with CGS to ensure that the LCD reduces inappropriate utilization while ensuring that Medicare patients have access to safe TPIs. We offer our ongoing input and expertise in this matter. If you have any questions or wish to discuss any of our suggestions, please contact Sarah Cartagena, Director of Health Policy at the International Pain and Spine Intervention Society, at scartagena@ipsismed.org.

Sincerely,

American Academy of Physical Medicine and Rehabilitation
American College of Radiology
American Society of Anesthesiologists
American Society of Neuroradiology
American Society of Regional Anesthesia and Pain Medicine
American Society of Spine Radiology
International Pain and Spine Intervention Society
North American Neuromodulation Society
North American Spine Society
Society of Interventional Radiology

Reference:

1. Benzon HT, Elmofty D, Shankar H, et al. Use of corticosteroids for adult chronic pain interventions: sympathetic and peripheral nerve blocks, trigger point injections - guidelines from the American Society of Regional Anesthesia and Pain Medicine, the American Academy of Pain Medicine, the American Society of Interventional Pain Physicians, the International Pain and Spine Intervention Society, and the North American Spine Society. *Regional Anesthesia & Pain Medicine* Published Online First: 16 July 2024. doi: 10.1136/rapm-2024-105593