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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 proposed 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.

Beyond safety considerations, ultrasound guidance can also play an important role in ensuring accurate localization of the intended muscle target. Trigger points are frequently attributed to specific muscles, yet without visual confirmation, there may be uncertainty regarding whether the needle tip has entered the intended muscle, particularly in patients with higher body mass index or in regions where multiple muscles overlap[1]. While clinicians rely on tactile cues such as fascial resistance or muscle twitch responses, these indicators are subjective and may not reliably confirm precise muscle placement. Ultrasound provides a low-risk and cost-effective method of confirming the correct muscular target and improving procedural accuracy.

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.

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[2] 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.
4. ***Abdominal musculature*****:** Trigger point injections performed in the abdominal wall, particularly in patients with lower BMI or those with a ventral hernia, may carry a risk of visceral injury if the needle advances beyond the intended muscular layer. Ultrasound guidance can assist in confirming intramuscular placement and avoiding injury to underlying structures.
5. ***Cervical and upper thoracic musculature***: In regions such as the levator scapulae, multiple overlapping muscles, including the trapezius, rhomboids, and splenius cervicis, may lie in close proximity. Ultrasound guidance may help confirm accurate needle placement within the intended muscle.

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[3].

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 Novitas 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. In clinical practice, ultrasound guidance is widely used in anatomically sensitive or deeper regions where accurate localization is necessary to ensure safe and effective injection.

The undersigned societies appreciate the opportunity to provide these comments. The MPW societies welcome the opportunity to work with Novitas 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 Pain Medicine
American Academy of Physical Medicine and Rehabilitation
American College of Radiology
American Society of Anesthesiologists
American Society of Regional Anesthesia and Pain Medicine
American Society of Spine Radiology
International Pain and Spine Intervention Society
North American Neuromodulation Society
Society of Interventional Radiology

References:

1. Rha DW, Shin JC, Kim YK, Jung JH, Kim YU, Lee SC. Detecting local twitch responses of myofascial trigger points in the lower-back muscles using ultrasonography. *Arch Phys Med Rehabil.* 2011;92(10):1576-80.e1. doi:10.1016/j.apmr.2011.05.005.
2. Finnoff JT, Hall MM, Adams E, Berkoff D, Concoff AL, Dexter W, Smith J. American Medical Society for Sports Medicine (AMSSM) position statement: interventional musculoskeletal ultrasound in sports medicine. *Br J Sports Med.* 2015;49(3):145-50. doi:10.1136/bjsports-2014-094219.
3. 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