AOCPMR | American Osteopathic College of Physical Medicine & Rehabilitation

November 5, 2025

Palmetto GBA
c/o A.Policy@PalmettoGBA.com

RE: LCD for Peripheral Nerve Blocks and Procedures for Chronic Pain (DL40263)

To Whom It May Concern:

On behalf of the members of the American Osteopathic College of Physical Medicine and Rehabilitation and their patients, we are writing this letter concerning the proposed Palmetto Medicare LCD change to take away coverage for peripheral nerve blocks including those using Radiofrequency Ablation (RFA) and Cryoneurolysis. This concerning proposed change will have a detrimental impact on our Medicare population and beyond.

The most recent CDC National Vital Statistics report as of April 2025 that more than 75,000 opioid-related deaths have been recorded – a number that is likely lower than the true number. This is a number that has seen a tremendous decrease in recent years; however, a not insignificant number of preventable deaths are still occurring. The notable decrease in these deaths is undoubtedly in part due to opioid-sparing modalities such as RFA, peripheral nerve blocks, and cryoneurolysis.

These treatments apply directed heat or cold therapy steroid medication utilizing a needle-based technique to selectively treat pain-causing nerves. This effectively creates lasting pain relief and functional improvement that can be repeated throughout a patient's life. It avoids dangerous medications, costly surgeries, and is the only viable option for many patients, such as patients with cancer or severe pain after failed joint replacement surgeries. As a medical community, we all have worked tirelessly to save lives by limiting and providing opioid-sparing treatment options. To discontinue coverage of these non-opioid treatments would be reckless, dangerous, and will unequivocally be a huge step back in our fight against preventable American deaths.

Please see attached high-level data in favor of the use of the aforementioned treatments. We ask you to reconsider this proposition and allow coverage for Medicare patients to these valuable procedures.

Sincerely,



Amir Mahajer
President

5133 Harding Pike, B-10 #380, Nashville, TN 37205-2891
(615) 345-9550 Phone ~ (615) 709-3129 Fax

Cryoneurolysis Studies

1. Radnovich et al.Cryoneurolysis to treat the pain and symptoms of knee osteoarthritis: a multicenter, randomized, double-blind, sham-controlled trial. sOsteoarthritis Cartilage. 2017; 25(8):1247-56.
2. Mont MA, Lin JH, Spitzer AI, et al. Improved pain and function with triamcinolone acetonide extended-release and cryoneurolysis for knee osteoarthritis: Use of a new real-world registry. J Arthroplasty. 2025;40(2):328-338.e2.
3. doi:10.1016/j.arth.2024.06.055
4. Mihalko WM, Kerkhof AL, Ford MC, Crockarell JR Jr, Harkess JW, Guyton JL. Cryoneurolysis before Total Knee Arthroplasty in Patients With Severe Osteoarthritis for Reduction of Postoperative Pain and Opioid Use in a Single-Center Randomized Controlled Trial. J Arthroplasty. 2021 May;36(5):1590-1598. doi: 10.1016/j.arth.2020.11.013. Epub 2020 Nov 14. PMID: 33279353.
5. 2. Plessl D, Salomon B, Haydel A, Leonardi C, Bronstone A, Dasa V. Rapid Versus Standard Recovery Protocol Is Associated With Improved Recovery of Range of Motion 12 Weeks After Total Knee Arthroplasty. J Am Acad Orthop Surg. 2020 Nov 1;28(21):e962-e968. doi:10.5435/JAAOS-D-19-00597. PMID: 32053526.
6. Ng M, Lin J, Spitzer A, Dasa V, Rivadeneyra A, Rogenmoser D, Concoff A, DiGiorgi M, Urban J, Mihalko W, Mont M. Preoperative Cryoneurolysis Improves Pain and Function for at Least 12 Months After Total Knee Arthroplasty: A Multi-Center Registry Study. J Arthroplasty. 2025 Oct:0883-5403. doi: 10.1016/j.arth.2025.10.011. Epub 2025 Oct 13.

Summary of Cryoneurolysis Studies

Study	Type	Total Patients	Conclusions
Radnovich et al	DB,sham-controlled RCT	180	Reduced WOMAC that was statistically significant at day 30/60/90 post TKA
Mont et al	Prospective	480	Stastically significant improvements showing Cryo did better than IA-HA, nsaids w/ higher MCID
Mihalko et al	Prospective, randomized, unblinded iovera vs no ioera	124	Stastically significant decrease in opiod usage in the iovera TX group as well as less pain scores.
Plessl et al	Restrospective Chart Review of MME with and without iovera	100	45% reduction in cumulatively prescribed opiods
Dasa et al	Retrospective chart review	323	Faster ROM recovery and less development of contracture

5133 Harding Pike, B-10 #380, Nashville, TN 37205-2891
(615) 345-9550 Phone ~ (615) 709-3129 Fax

Summary of Peripheral Nerve Blocks/RFA

Peripheral nerve block	**Studies**	**Total patients**	**Population suffering**	**% RCT studied verse suffering**
Occipital nerve block and denervation	RCT kissoon, malekekian	77 total	Chronic migraine 2.4 million adults[1] Prevalence of migraine 30-40 million adults [1-3]	Chronic migraine 0.0032 Prevalence of migraine 0.000025
Stellate ganglion block	RCT wang, Olmstead	136 total w follow up	CRPS <120,000[4-6] PTSD 15-20 million per year with 10-13 million current [7-9]	CRPS 0.115 PTSD 0.00136-0.001046
Trigeminal nerve block	RCT 0	0	TGN 50,000 to 100,000 (0.03%-0.3%)[10-11] Trigeminal shingles 100,000 to 200,000 per year [12]	0

5133 Harding Pike, B-10 #380, Nashville, TN 37205-2891
(615) 345-9550 Phone ~ (615) 709-3129 Fax

Summary of Peripheral Nerve Blocks/RFA -- Continued

Peripheral nerve block	Studies	Total patients	Population suffering	% RCT studied verse suffering
Thoracic nerve block	RCT 0	0	Thoracic Shingles 500,000-600,000 per year [13-14] Post thoracotomy syndrome 130,000 to 320,000 (25%-60%)[15-16]	0
Thoracic nerve denervation	RCT 0	0	Thoracic Shingles 500,000-600,000 per year [13-14] Post thoracotomy syndrome 130,000 to 320,000 (25%-60%)[15-16]	0

Summary of Peripheral Nerve Blocks/RFA -- Continued

Genicular nerve	RCT Cankurtaran, Elashmawy, Fonkoue, Ghai, Kim, Kim, Qudsi-Sinclair, Ragab, Rathore, Shanahan, Yilmaz	581	Chronic non operable knee pain 14 million to 32.5 million [17-19]	0.00415-0.00178
Pudendal nerve	RCT 0	0	Pelvic pain in US 15-26%[20-22]	0
Posterior tib tarsal	RCT 0	0	No reliable estimates	0
Ulnar nerve	RCT 0	0	No reliable estimates	0
Trigeminal rf	RCT Mansano, Yildiz	77 total w follow up	TGN 50,000 to 100,000 (0.03%-0.3%)([10-11]	0.154-0.077
Suprascapular	RCT Saglam, Ahmed, Kamal	147 total	10% at 1 year Approx. 25000[23]	0.588
Ganglion impar	Perdecioglu, Malhotra	136 total w follow up	Pelvic pain in US 15-26%, 1 in 7 women, 15% women[20-22]	0.0000534

References

1. Cohen F, Brooks CV, Sun D, Buse DC, Reed ML, Fanning KM, Lipton RB. Prevalence and burden of migraine in the United States: A systematic review. Headache. 2024 May;64(5):516-532. doi: 10.1111/head.14709. Epub 2024 May 3. PMID: 38700185.
2. Burch R, Rizzoli P, Loder E. The prevalence and impact of migraine and severe headache in the United States: Updated age, sex, and socioeconomic-specific estimates from government health surveys. Headache. 2021 Jan;61(1):60-68. doi: 10.1111/head.14024. Epub 2020 Dec 21. PMID: 33349955.
3. Burch RC, Loder S, Loder E, Smitherman TA. The prevalence and burden of migraine and severe headache in the United States: updated statistics from government health surveillance studies. Headache. 2015 Jan;55(1):21-34. doi: 10.1111/head.12482. Erratum in: Headache. 2015 Feb;55(2):356. PMID: 25600719.
4. Ferraro MC, O'Connell NE, Sommer C, Goebel A, Bultitude JH, Cashin AG, Moseley GL, McAuley JH. Complex regional pain syndrome: advances in epidemiology, pathophysiology, diagnosis, and treatment. Lancet Neurol. 2024 May;23(5):522-533. doi: 10.1016/S1474-4422(24)00076-0. PMID: 38631768.
5. Ferraro MC, O'Connell NE, Sommer C, Goebel A, Bultitude JH, Cashin AG, Moseley GL, McAuley JH. Complex regional pain syndrome: advances in epidemiology, pathophysiology, diagnosis, and treatment. Lancet Neurol. 2024 May;23(5):522-533. doi: 10.1016/S1474-4422(24)00076-0. PMID: 38631768.
6. de Mos M, de Bruijn AG, Huygen FJ, Dieleman JP, Stricker BH, Sturkenboom MC. The incidence of complex regional pain syndrome: a population-based study. Pain. 2007 May;129(1-2):12-20. doi: 10.1016/j.pain.2006.09.008. Epub 2006 Nov 7. PMID: 17084977.
7. Goldstein RB, Smith SM, Chou SP, Saha TD, Jung J, Zhang H, Pickering RP, Ruan WJ, Huang B, Grant BF. The epidemiology of DSM-5 posttraumatic stress disorder in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. Soc Psychiatry Psychiatr Epidemiol. 2016 Aug;51(8):1137-48. doi: 10.1007/s00127-016-1208-5. Epub 2016 Apr 22. PMID: 27106853; PMCID: PMC4980174.
8. Kilpatrick DG, Resnick HS, Milanak ME, Miller MW, Keyes KM, Friedman MJ. National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. J Trauma Stress. 2013 Oct;26(5):537-47. doi: 10.1002/jts.21848. PMID: 24151000; PMCID: PMC4096796.
9. Kilpatrick DG, Resnick HS, Milanak ME, Miller MW, Keyes KM, Friedman MJ. National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. J Trauma Stress. 2013 Oct;26(5):537-47. doi: 10.1002/jts.21848. PMID: 24151000; PMCID: PMC4096796.
10. De Toledo IP, Conti Réus J, Fernandes M, Porporatti AL, Peres MA, Takaschima A, Linhares MN, Guerra E, De Luca Canto G. Prevalence of trigeminal neuralgia: A

systematic review. J Am Dent Assoc. 2016 Jul;147(7):570-576.e2. doi: 10.1016/j.adaj.2016.02.014. Epub 2016 Mar 24. PMID: 27017183.
11. Amaechi O. Trigeminal Neuralgia: Rapid Evidence Review. Am Fam Physician. 2025 May;111(5):427-432. PMID: 40378323.
12. Tao BK, Soor D, Micieli JA. Herpes zoster in neuro-ophthalmology: a practical approach. Eye (Lond). 2024 Aug;38(12):2327-2336. doi: 10.1038/s41433-024-03030-3. Epub 2024 Mar 27. PMID: 38538778; PMCID: PMC11306775.
13. Thompson RR, Kong CL, Porco TC, Kim E, Ebert CD, Acharya NR. Herpes Zoster and Postherpetic Neuralgia: Changing Incidence Rates From 1994 to 2018 in the United States. Clin Infect Dis. 2021 Nov 2;73(9):e3210-e3217. doi: 10.1093/cid/ciaa1185. PMID: 32829399; PMCID: PMC8563174.
14. Cohen, JI. Herpes Zoster. N Engl J Med. 2013:369:255-263. DOI: 10.1056/NEJMcp1302674.
15. Bayman EO, Brennan TJ. Incidence and severity of chronic pain at 3 and 6 months after thoracotomy: meta-analysis. J Pain. 2014 Sep;15(9):887-97. doi: 10.1016/j.jpain.2014.06.005. Epub 2014 Jun 23. PMID: 24968967.
16. Wang L, Yang M, Meng W. Prevalence and Characteristics of Persistent Postoperative Pain After Thoracic Surgery: A Systematic Review and Meta-Analysis. Anesth Analg. 2023 Jul 1;137(1):48-57. doi: 10.1213/ANE.0000000000006452. Epub 2023 Jun 16. PMID: 37326863.
17. Deshpande BR, Katz JN, Solomon DH, Yelin EH, Hunter DJ, Messier SP, Suter LG, Losina E. Number of Persons With Symptomatic Knee Osteoarthritis in the US: Impact of Race and Ethnicity, Age, Sex, and Obesity. Arthritis Care Res (Hoboken). 2016 Dec;68(12):1743-1750. doi: 10.1002/acr.22897. Epub 2016 Nov 3. PMID: 27014966; PMCID: PMC5319385.
18. Deshpande BR, Katz JN, Solomon DH, Yelin EH, Hunter DJ, Messier SP, Suter LG, Losina E. Number of Persons With Symptomatic Knee Osteoarthritis in the US: Impact of Race and Ethnicity, Age, Sex, and Obesity. Arthritis Care Res (Hoboken). 2016 Dec;68(12):1743-1750. doi: 10.1002/acr.22897. Epub 2016 Nov 3. PMID: 27014966; PMCID: PMC5319385.
19. American Academy of Orthopaedic Surgeons. Management of Osteoarthritis of the knee (Non-Arthroplasty): Evidence-Based Clinical Practice Guidelines. 2021
20. Meisenheimer ES, Carnevale AM. Chronic Pelvic Pain in Women: Evaluation and Treatment. Am Fam Physician. 2025 Mar;111(3):218-229. PMID: 40106288.
21. Li R, Tham SW, Basu A, Palermo TM, Dang TT, Groenewald CB. Medical expenditures associated with abdominal and pelvic pain in the United States, 2017-2021. J Pain. 2025 Mar;28:104793. doi: 10.1016/j.jpain.2025.104793. Epub 2025 Jan 31. PMID: 39894379.
22. Lamvu G, Carrillo J, Ouyang C, Rapkin A. Chronic Pelvic Pain in Women: A Review. JAMA. 2021;325(23):2381–2391. doi:10.1001/jama.2021.2631
23. Glare P, Aubrey KR, Myles PS. Transition from acute to chronic pain after surgery. Lancet. 2019 Apr 13;393(10180):1537-1546. doi: 10.1016/S0140-6736(19)30352-6. PMID: 30983589.