

Medical Affairs Policy & Procedure

Title/Service: Spinal Cord (Dorsal Column) Stimulators for Chronic Pain (not related to a malignancy)

Revised	
Reviewed	08/22/03, 06/23/06, 11/16/07, 11/21/08, 12/28/09, 10/22/10, 11/18/11
Developed	
Policy Committee Approval	11/18/11

Description:

Spinal cord stimulation for treatment of chronic pain involves the placement of electrodes in the epidural space of the spinal column that are connected to a stimulator transmitter that may be worn externally or surgically implanted. Low voltage electrical stimulation is passed from the transmitter through the electrodes to the nerves. Pain relief is thought to be a result of the inhibition of pain signals to the brain. The goal of spinal cord stimulation is to reduce the pain symptoms, increase activity levels, and ultimately reduce the medication requirements for the chronic pain patient.

Indications of Coverage:

Spinal Cord Stimulators (SCS) are approved for the treatment of chronic pain not related to a malignancy in patients who meet ALL of the following criteria:

A pathological source of pain (radiculopathy, conditions affecting the nerve roots, failed back surgery syndrome, or Reflex Sympathetic Dystrophy (also known as Complex Regional Pain Syndrome)) is documented in the medical record and by the appropriate diagnostic test (for example, imaging study, nerve conduction study).

Other more conservative methods of pain management, including the use of medication, physical therapy, epidural injections, and surgery, have failed, or are otherwise contraindicated.

There is documentation of the chronic nature (greater than six months duration) of the pain symptoms.

The patient is not a candidate for surgical intervention to treat the underlying pathology.

A psychological clearance, including documentation of the absence of drug addiction issues, has been obtained.

If the above criteria are met, a SCS trial using temporary electrodes may be approved. Approval for permanent implantation requires a documented positive response (pain

decreased by 50% without significant side effects that interfere with activities of daily living) to a three day (minimum) temporary SCS.

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Documentation Required:

- Office notes
- Imaging reports
- Psychological assessment report
- Results of the SCS trial

Rationale:

Spinal cord stimulation is a reversible procedure for the treatment of chronic spine pain that has not responded adequately to other treatments or for chronic spine pain requiring escalating dose of opioid or other habit-forming medication. The stimulator is expected to reduce the frequency, intensity, and duration of the symptoms, improve activity levels, and decrease the need for medication. Spinal cord stimulation is reserved for individuals who are not a candidate for a surgical procedure to correct the underlying pathology causing the symptoms and who have maximized conservative therapy. A presurgical psychological assessment is necessary to identify any other current condition that would limit the effectiveness of the stimulator, evaluate unrealistic expectations regarding symptom control, and educate the individual regarding outcomes.

References:

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5. Manchikanti L, Boswell MV, Singh V, Benyamin RM, Fellows B, Abdi S, Buenaventura RM, Conn A, Datta S, Derby R, Falco FJE, Erhart S, Diwan S, Hayek SM, Helm II J, Parr AT, Schultz DM, Smith HS, Wolfer LR, and Hirsch JA. Comprehensive Evidence-Based Guidelines for Interventional Techniques in the Management of Chronic Spinal Pain. *Pain Physician* 2009; 12: 699-802. Available at: www.asipp.org/documents/ComprehensiveEvidence-BasedGuidelinesforInterventionalTechniquesintheManagementofChronicSpin.pdf. Accessed: 7 Oct 10.
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Approved by the Medical Director