Medical Utilization Management Policy

SUBJECT: LUMBOSACRAL ORTHOTICS (BACK BRACES)

INCLUDED PRODUCT(S):

Medicaid
- BadgerCare Plus

Individual and Family
- Commercial

Care4Kids Program
- Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for medically necessary use of lumbosacral orthotic (LSO) devices. This policy does not apply to congenital or idiopathic scoliosis in a child or adolescent.

Clear guidelines for use of lumbosacral orthotics do not exist in the medical literature, as meaningful and universal studies are lacking. Expert opinion in the orthopedic community support the use of LSOs in patients with back pain or injury, citing benefits to patients and lack of side effects.1 Additionally, LSOs provide an alternative to opioids for control of back pain. Consistent with messaging from other local, state, and federal officials, the United States Surgeon General Jerome Adams has stated, “It is crucial to improve access to non-opioid pain management options.”4

POLICY:

Effective: 2/16
Revised: 12/19
Last reviewed: 10/23

Developed by: CCHP Medical Directors
Lumbar, lumbosacral, or thoracolumbosacral orthotics may be indicated for **1 or more** of the following:

1. Following injury to the spine or surrounding soft tissues
2. Following surgical procedure of the spine or surrounding soft tissues
3. Need to restrict spine mobility to assist with pain control
4. Need to support spinal deformities, or spinal muscles that are weak or injured

**REFERENCES:**