

Children's Hospital and Health System Chorus Community Health Plans (CCHP) Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: IMPLANTED ELECTRICAL SPINAL CORD STIMULATORS

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE:

The purpose of this policy is to define criteria for the medically necessary use of percutaneous spinal cord test stimulation and surgically implanted electrical spinal cord stimulators.

An implanted electrical spinal cord stimulator works to reduce pain by transmitting electrical impulses from a subcutaneous pulse generator to electrical leads that have been placed in the epidural space percutaneously or by surgical laminectomy or laminotomy.

POLICY:

CCHP considers percutaneous spinal cord test stimulation to be medically necessary when ALL of the following criteria are met:

1. Chronic neuropathic or ischemic pain from 1 or more of the following:
 - a. Complex regional pain syndrome (previously referred to as reflex sympathetic dystrophy)
 - b. Failed back surgery syndrome, defined as persistent low back pain after one or more spine surgeries
 - c. Lower extremity pain at rest due to critical limb ischemia

Effective: 11/23

Last reviewed: 11/23

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- d. Last resort treatment of moderate to severe pain that has been present for 12 or more months from one of the following conditions:
 - i. Cauda equina injury
 - ii. Incomplete spinal cord injury
 - iii. Lumbosacral arachnoiditis
 - iv. Peripheral neuropathy (including diabetic peripheral neuropathy)
 - v. Phantom limb/stump pain
 - vi. Plexopathy
 - vii. Post-herpetic neuralgia
2. Failure of one or more of the following:
 - a. Pain relieving medication use for at least six months
 - b. Physical therapy for at least six months
 - c. Psychotherapy or cognitive behavioral therapy for at least six months
 - d. For limb ischemia, failed surgical or endovascular revascularization, or inoperable peripheral vascular disease
 - e. For neuropathic pain, stellate ganglion or lumbar sympathetic block
3. Evaluation by a multidisciplinary pain management team prior to implantation
4. Clearance for procedure from a qualified mental health professional with a Master's degree or higher
5. No untreated substance use disorder
6. Member is capable of operating spinal cord stimulator
7. No coagulopathy, anticoagulant or antiplatelet therapy, or thrombocytopenia (e.g., platelet count of less than $75,000/\text{mm}^3$ ($75 \times 10^9/\text{L}$))

CCHP considers an implanted electrical spinal cord stimulator to be medically necessary when ALL of the following criteria are met:

1. Chronic neuropathic or ischemic pain from 1 or more of the following:
 - a. Complex regional pain syndrome (previously referred to as reflex sympathetic dystrophy)
 - b. Failed back surgery syndrome, defined as persistent low back pain after one or more spine surgeries
 - c. Lower extremity pain at rest due to critical limb ischemia
 - d. Last resort treatment of moderate to severe pain that has been present for 12 or more months from one of the following conditions:
 - i. Cauda equina injury
 - ii. Incomplete spinal cord injury
 - iii. Lumbosacral arachnoiditis
 - iv. Peripheral neuropathy (including diabetic peripheral neuropathy)
 - v. Phantom limb/stump pain
 - vi. Plexopathy
 - vii. Post-herpetic neuralgia
2. Failure of one or more of the following:
 - a. Pain relieving medication use for at least six months
 - b. Physical therapy for at least six months
 - c. Psychotherapy or cognitive behavioral therapy for at least six months
 - d. For limb ischemia, failed surgical or endovascular revascularization, or inoperable peripheral vascular disease
 - e. For neuropathic pain, stellate ganglion or lumbar sympathetic block
3. Improvement in pain by 50% or more with percutaneous spinal cord test stimulation

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4. Evaluation by a multidisciplinary pain management team prior to implantation
5. Clearance for procedure from a qualified mental health professional with a Master's degree or higher
6. No untreated substance use disorder
7. Member is capable of operating spinal cord stimulator
8. No coagulopathy, anticoagulant or antiplatelet therapy, or thrombocytopenia (e.g., platelet count of less than 75,000/mm³ (75 x10⁹/L))

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