



## Clinical Medical Policy Spinal Cord Stimulation

### **Benefit Coverage:**

This Clinical Medical Policy addresses coverage of spinal cord stimulation to treat pain.

### **Description:**

Spinal cord stimulation (SCS) is used to treat neuropathic pain. An electrode is placed percutaneously into the epidural space of the spinal column under fluoroscopic guidance. It delivers low voltage electrical stimulation to the spinal cord which blocks the sensation of pain. It is initially attached to an external temporary pulse generator for a 3-7 day trial period. If successful, a permanent pulse generator is implanted. The location of the spinal cord stimulator is indicated based on the location and distribution of the patient's pain. Spinal cord stimulation is considered to be a treatment of last resort after other treatments have either failed or been determined to be unsuitable or contraindicated in the patient.

### **Coverage Determination:**

All spinal cord stimulation procedures require prior authorization. Retroactive requests for procedures already performed may not be covered.

All requests are to be submitted on *Neighborhood's Spinal cord management prior authorization patient information* form which is available on Neighborhood's website [www.nhpri.org](http://www.nhpri.org). Requests with incomplete information will be returned for completion prior to review.

### Neighborhood covers SCS for treatment of the following conditions:

1. Radicular extremity pain resulting from failed back surgery syndrome or damage to peripheral nerves
2. Chronic regional pain syndrome (reflex sympathetic dystrophy)
3. Arachnoiditis

### Neighborhood **does not cover** SCS for treatment of:

1. Nerve injury secondary to stroke, spinal cord injury or other central nervous system disease
2. Chronic malignant pain including: headaches, neuralgia, phantom limb pain, post herpetic neuralgia, intractable angina, diabetic neuropathy.
3. Cervical spine trauma, disc herniation, or failed cervical spine syndrome (regardless of whether there is radicular pain to upper extremities.)
4. SCS is considered investigational when used to treat refractory angina and critical limb ischemia as a strategy to delay the necessity for limb amputation.

### **Criteria:**

All of the following criteria must be met for approval of SCS.

1. A documented pathology must be identified as the etiology of the pain.
2. Patient must fail other treatments which include medications, surgery, physical therapy, psychological treatment. Documentation must be submitted with request.
3. Surgical intervention must not be an option for the patient



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4. The patient must undergo a psychological or psychiatric evaluation to r/o personality disorder, drug addiction, secondary gain issues related to pain and treatment.
5. The patient must undergo a trial of SCS with an external pulse generator for 3-7 days which results in an improvement of at least 50% in symptoms.

Authorization for SCS treatment includes post treatment follow up visits and SCS adjustments.

### **Exclusions:**

SCS will not be covered under the following circumstances:

- The patient has not had sufficient trials of other treatment modalities or there is insufficient documentation.
- The request is being made for an indication not covered by Neighborhood.

***CMP Number:*** CMP-050

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***CMP Cross Reference:***

### ***References:***

Lee, Anthony W. M.D. and Julie G. Pilitsis, M.D., PH.D. "Spinal cord stimulation: indications and outcomes," Neurosurg Focus 21 (6):E3, 2006.

Manchikanti L, et al. "Comprehensive evidence-based guidelines for interventional techniques in the management of chronic spinal pain". Pain Physician 2009 Jul-Aug; 12(4):699-802. [1082 references]

***Created:*** 8/30/10

***Annual Review Month:*** September

***Review Dates:***

***Revision Dates:***

***CMC Review Date:*** 9/14/10, 9/13/11

***CMO Approval Dates:*** 9/14/2010, 12/5/11