

<b>Place name of Medical Policy:</b> Spinal Cord Stimulator			
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<b>Specialty:</b>	Anesthesiology (D.O.) and Pain Management (D.O.)	<b>Reviewed Date:</b>	07/06/17
<b>Referral Number:</b>	847373		

**POLICY**

- Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated.
- The spinal cord stimulator trial is an option for cases of refractory neuropathic pain, including but not limited to, nerve damage, CRPS, and radiculopathy.
- A trial is required before permanent placement.

**CRITERIA**

**The following are the ONLY Indications for the Stimulator Cord Implantation:**

- Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: Symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.);
- Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery.
- Post amputation pain (phantom limb pain), 68% success rate (Deer, 2001)
- Post herpetic neuralgia, 90% success rate (Deer, 2001)
- Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)
- Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004)

**Required pre-approval measures:**

- Psychological clearance indicates realistic expectations and clearance for the procedure;
- No current evidence of substance abuse issues;

- No contraindications to a trial;
- Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40-60% success rate 5 years after surgery.
- Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited literature evidence.

## **SUPPORTING DOCUMENTATION**

ODG Pain (updated 06/13/17) - Online Version

Spinal cord stimulators (SCS)

Indications for stimulator implantation:

o Complex Regional Pain Syndrome (CRPS) when all of the following are present:

- (1) There has been limited response to non-interventional care;
- (2) Psychological clearance indicates realistic expectations and clearance for the procedure;
- (3) There is no current evidence of substance abuse issues;
- (4) There are no contraindications to a trial;
- (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial.

o For use in failed back surgery syndrome (FBSS), see the Low Back Chapter.

o For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

## **REFERENCE(S)**

ODG Pain (updated 06/13/17) - Online Version