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Developed By: Medical Criteria Committee	

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Description:

Spinal cord stimulators, also known as dorsal column stimulators, deliver low voltage electrical stimulation to the dorsal columns of the spinal cord in order to block pain sensations. These devices consist of a lead that delivers the electrical stimulation to the spinal cord, an extension wire that conducts the electrical stimulation from the power source to the lead, and a power source which generates the electrical stimulation. Totally implantable spinal cord stimulators are most commonly used; however, there are also spinal cord stimulators which rely on radio frequency and include a transmitter and an antenna which are carried outside the body and a receiver, which is implanted inside the body. Implantation of the spinal cord stimulator is generally a two-step process. This process includes a trial period of stimulation in which an electrode is temporarily implanted in the epidural space. Once treatment is deemed effective, through a significant reduction in pain, the spinal cord stimulator is permanently implanted. Successful spinal cord stimulation may require extensive programming of the neurostimulators to identify the optimal electrode combinations and stimulation channels. Spinal cord stimulator placement is a non-destructive, reversible procedure and thus is often an attractive alternative for patients who have failed other treatment and surgical options.

Criteria:

- I. ODS will cover a **trial** of spinal cord stimulation to plan limitations when **all** of the following criteria are met:
 - A. Pain is neuropathic in nature (i.e. failed back surgery syndrome, complex regional pain syndrome (also known as reflex sympathetic dystrophy), arachnoiditis, radiculopathies, phantom limb/stump pain, peripheral neuropathy, etc); and
 - B. Other more conservative methods of pain management have been tried and failed (i.e. pharmacological, physical and/or psychological therapies); and
 - C. Member is not a candidate for further surgical intervention; and
 - D. Psychiatric and substance abuse disorders have been ruled out; and
 - E. Member is capable and willing to comply with the treatment plan

- II. ODS will cover the permanent placement of a spinal cord stimulator if the member has experienced significant pain reduction with a temporary trial of at least 2 days. (*A spinal cord stimulator trial is considered medically necessary for members who meet the above-listed criteria IA-E).*

- III. ODS will cover a **trial** of spinal cord stimulation for the management of intractable angina when **all** of the following criteria are met:
 - A. Angina is New York Heart Association functional Class III (Symptoms with minimal exertion) or Class IV (Symptoms at rest); and
 - B. Member has documented significant coronary artery disease and is not a suitable candidate for revascularization procedures such as coronary artery bypass grafting or coronary angiography; and
 - C. Optimal pharmacological treatment has failed to adequately improve anginal symptoms (e.g. long-acting nitrates, beta-adrenergic blockers, or calcium channel antagonists)

- IV. ODS will cover the permanent placement of an implantable spinal cord stimulator for the management of intractable angina if the member has experienced significant pain reduction

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with a 3-7 day trial of a temporarily implanted electrode. (*A trial of spinal cord stimulation for the management of angina is considered medically necessary for members who meet the above-listed criteria IIA-C*).

- V. Spinal cord stimulators are contraindicated for the following:
- A. Members with implanted cardiac pacemakers or defibrillators
 - B. Members with a history of myocardial infarction or unstable angina in the last 3 months
 - C. Members with significant valve abnormalities as demonstrated by echocardiography
 - D. Somatic disorders of the spine

Information to be Submitted with Pre-Authorization Request:

1. History and physical documenting objective basis for member's pain
2. Angiography results documenting significant coronary artery disease (for members who are receiving spinal cord stimulation for management of angina)
3. Record of conservative treatment tried including member response to treatment
4. Documentation of member's psychological well-being
5. Member's response to spinal cord stimulator trial

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- Physician Advisors

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