MEDICAL POLICY STATEMENT

OHIO MARKETPLACE PLANS

Policy Name	Policy Number	Date Effective
Implantable Spinal Cord Stimulator	MM-0718	10/01/2019

Policy Type		
MEDICAL	Administrative	Pharmacy

Failed back surgery syndrome (FBSS) and Chronic Regional Pain Syndrome (CRPS) are the 2 most common indications for SCS placement. After randomizing 100 FBSS patients to either SCS plus conventional medical management or conventional medical management alone, the results of the 6-month Prospective Randomized Controlled Multicenter Trial of the Effectiveness of Spinal Cord Stimulation (PROCESS Trial) found that SCS offered superior pain relief, health-related quality of life, and functional capacity. Other investigators reported that SCS provided adequate pain relief in patients with FBSS with predominant LBP and secondary radicular pain. Harney et al report that there is significant evidence to support the SCS in the management of CRPS.

Non-surgical interventional therapies for LBP were reviewed by the American Pain Society, concluding that there is fair evidence that SCS placement is moderately effective for FBSS with persistent radiculopathy, while acknowledging that device-related complications are common.

In a 20-year literature review, implanted SCS devices showed a favorable, long-term symptomatic effect for patients with refractory angina pain, severe chronic ischemic limb pain secondary to peripheral vascular disease, peripheral neuropathic pain, and chronic LBP. A Cochrane review reports that SCS placement improves outcomes over standard conservative treatment in limb salvage and clinical response for patients with inoperable chronic critical leg ischemia. In addition, evidence supports SCS placement for the refractory neuropathic pain, CRPS, angina pectoris and critical limb ischemia. However, a review in 2009 did not address chronic painful diabetic neuropathy (CPDN), and currently there is inadequate evidence to support the use of SCS for thpr6 (or th9.006 (e

E. Conditions of Coverage