5221.6200 Low Back Pain

Subp. 6. Surgery, including decompression procedures and arthrodesis. Surgery may only be performed if it also meets the specific parameters specified in subparts 11 to 13 and part 5221.6500. The health care provider must provide prior notification of nonemergency inpatient surgery according to part 5221.6050, subpart 9.

A. In order to optimize the beneficial effect of surgery, postoperative therapy with active and passive treatment modalities may be provided, even if these modalities had been used in the preoperative treatment of the condition. In the postoperative period the maximum treatment duration with passive treatment modalities in a clinical setting from the initiation of the first passive modality used, except bedrest or bracing, is as follows:

(1) eight weeks following lumbar decompression or implantation of a ~~dorsal column stimulator or morphine pump~~ spinal cord stimulator or intrathecal drug delivery system; or
(2) 12 weeks following arthrodesis.

B. Repeat surgery must also meet the parameters of subparts 11 to 13 and part 5221.6500, and is not indicated unless the need for the repeat surgery is confirmed by a second opinion obtained before surgery, if a second opinion is requested by the insurer.

C. ~~The following surgical therapies~~ Spinal cord stimulators have very limited application as provided in subitems (1) and (2). ~~And require a second opinion that confirms that the treatment is indicated and within the parameters listed, and a personality or psychosocial evaluation that indicates that the patient is likely to benefit from the treatment.~~

(1) A trial screening period of these devices is indicated only if the treating health care provider determines and a second opinion confirms that:

(a) the patient has intractable pain;
(b) the patient is not a candidate for another surgical therapy; and
(c) the patient has no psychological contraindications to this treatment. The treating health care provider may refer the patient for a consultation if the provider feels unable to assess the patient for psychological contraindications.

(2) Long term use of a spinal cord stimulator is indicated if the treating health care provider documents that there has been at least a 50% improvement in pain during a trial screening period of at least three days.

~~(1) Dorsal column stimulator is indicated for a patient who has neuropathic pain, and is not a candidate for any other surgical therapy, and has had a favorable response to a trial screening period.~~
~~(2) Morphine pump is indicated for a patient who has somatic pain, and is not a candidate for any other surgical therapy, and has had a favorable response to a trial screening period.~~

D. Intrathecal drug delivery systems have very limited application as provided in subitems (1) and (2).

(1) A trial screening period of these devices is indicated only if the treating health care provider determines and a second opinion confirms that:

(a) the patient has intractable pain;
(b) the patient is not a candidate for another surgical therapy; and
(c) the patient has no psychological contraindications to this treatment. The treating health care provider may refer the patient for a consultation if the provider feels unable to assess the patient for psychological contraindications.

(2) Long term use of a intrathecal drug delivery systems is indicated if the treating health care provider documents that there has been at least a 50% improvement in pain during a trial screening period of at least 24 hours.