

Oregon Workers' Compensation Division
Medical Advisory Committee
Recommendation Regarding
Spinal Cord stimulation
October 6, 2017

Summary:

Pursuant to ORS 656.245(3), the Medical Advisory Committee of the Workers' Compensation Division was asked to consider if medical treatment via spinal cord stimulation constitutes unscientific, unproven, outmoded, or experimental treatment and thus should be excluded from compensability.

After conducting a thorough literature review, taking public input, and determining the most persuasive studies, the committee concluded that with specific criteria, spinal cord stimulation should continue to be a compensable medical treatment for the treatment of neuropathic pain related to:

- Failed back surgery syndrome (FBSS);
- Chronic regional pain syndrome (CRPS); and
- Phantom limb pain

Finding:

Spinal cord stimulation for the treatment of neuropathic pain related to FBSS, CRPS, or phantom limb pain should stay compensable, under certain conditions, because the treatment is:

- Not unscientific - the scientific method has been applied
- Not unproven - the evidence demonstrates efficacy
- Not outmoded - the treatment is within the current standard of care
- Not experimental - there is sufficient evidence to assess the treatment

Recommendation:

Spinal cord stimulation is not compensable unless it is for the treatment of neuropathic pain related to FBSS, CRPS, or phantom limb pain and:

- The symptomology includes radicular pain;
- A psychological evaluation has cleared the patient for a spinal cord stimulator; and
- A spinal cord stimulation trial results in at least 50 percent pain reduction.