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March 11, 2009

DAVID HAUB  
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Member: DAVID HAUB  
Member ID: \*\*\*\*\*39-10  
Health Plan: ANTHEM BLUE CROSS - HMO  
PCP: ROBERT KEI OYE

The following services have been requested and approved.

Specialist: FRANCIS MICHAEL FERRANTE

Phone: (310) 794-1841

Address: 1245 16TH ST STE 225  
SANTA MONICA, CA 90404

Facility:

Procedure: IMPLANTATION OF SPINAL CORD STIMULATOR

Number of visits approved: 3

**Authorization Date/Number:** 03/11/2009 - 01218628

**Expiration Date:** 07/09/2009

Please note that the Authorization Expiration Date is the last date on which this Authorization can be used. After this date, the Authorization is no longer valid, even if all the authorized visits have not been used.

All payments are subject to the member's continued enrollment with UCLA Medical Group in the health plan listed above and current co-payments, covered benefits, plan medical policy, and provided by a contracted provider. **This letter does not confirm eligibility.**

When applicable, authorization for additional care or visits *may be requested by the specialist or provider above*. If you have any questions, please call Member Services at (310) 302-1300, Monday through Friday, 8:00 AM to 5:00 PM.

Medical Management  
UCLA Medical Group



# Medical Policy

**Subject:** Occipital Nerve Stimulation

**Document #:** SURG.00112

**Status:** New

**Current Effective Date:** 07/15/2009

**Last Review Date:** 05/21/2009

## Description/Scope

Occipital Nerve Stimulation (ONS) involves delivering small electrical impulses to the occipital nerve. Insulated lead wires are advanced through a needle until they are adjacent to the nerve. The leads are then tunneled to a site, usually under the collarbone, and connected to a small implanted pulse generator. It is theorized that ONS interferes with pain transmission to the brain.

This therapy is being researched for occipital neuralgia, chronic headaches and migraines that are refractory to medical treatments.

## Position Statement

### Investigational and Not Medically Necessary:

Occipital nerve stimulation is considered **investigational and not medically necessary** for all indications.

## Rationale

ONS is accomplished via a modified device that is related to the spinal cord stimulator and is one type of implantable pulse generators (IPG). Electrical stimulation is applied to the occipital nerve, which arises from the second cervical vertebral area and then branches out across the back of the head carrying sensory signals from that region to the brain. Pain conditions (e.g. migraines, chronic headaches) are currently treated with medications and anesthetic blocks. While this type of treatment may work in some instances, pain relief is short lived or not relieved in some individuals. For this group, research using electrical stimulation is being conducted to establish whether this application is efficacious and safe.

Burns et al (2008) studied fourteen patients with medically intractable chronic cluster headaches (CCH). Participants were implanted with bilateral electrodes in the suboccipital region for occipital nerve stimulation (ONS). Twelve patients used the stimulation continuously while two used it intermittently. A retrospective assessment of their clinical outcome was obtained. At a median follow-up of 17.5 months (range 4–35 months), 10 of 14 patients reported improvement and 9 of these recommend ONS. Three patients noticed a marked improvement of 90% or better (90%, 90%, and 95%), 3 a moderate improvement of 40% or better (40%, 50%, and 60%), and 4 a mild improvement of 20–30% (20%, 20%, 25%, and 30%). Improvement occurred within days to weeks for those who responded most and patients consistently reported their attacks returned within hours to days when the device was off. One patient found that ONS helped abort acute attacks. Adverse events of concern were lead migrations and battery depletion. The authors concluded that ONS offers a safe, effective option for some patients with CCH, however, more research is required to evaluate safety and efficacy of this therapy.

Schwedt et al (2007) performed a retrospective analysis of 15 patients with medically refractory



# Medical Policy

**Subject:** Implanted Spinal Cord Stimulators (SCS)

**Document #:** SURG.00060

**Current Effective Date:** 04/22/2009

**Status:** Reviewed

**Last Review Date:** 02/26/2009

## Description/Scope

Spinal cord stimulation (SCS) is a reversible, nondestructive technique for the management of chronic, intractable pain. This document addresses the use of implanted spinal cord stimulators.

## Position Statement

### Medically Necessary:

A *temporarily* implanted spinal cord stimulator for the treatment of chronic (greater than 6 months duration), intractable neuropathic pain is considered **medically necessary** when *all* of the following criteria are met:

1. Documentation in the medical record of the failure of 6 months of conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; **and**
2. Further surgical intervention is not indicated; **and**
3. Psychological evaluation has been obtained and there is documentation clearly stating the pain is not psychologic in origin; **and**
4. No contraindications to implantation exist such as sepsis or coagulopathy; **and**
5. Objective documentation of pathology in the medical record.

A *permanently* implanted spinal cord stimulator for the treatment of chronic (greater than 6 months duration), intractable neuropathic pain is considered **medically necessary** when a temporary trial of spinal cord stimulation has been successful. Successful is defined as:

- 50% reduction in pain for at least 2 days; **and**
- Improvement in function documented in the medical record.

### Investigational and Not Medically Necessary:

Implantable spinal cord stimulators for the treatment of chronic pain that do not meet all the applicable criteria listed as medically necessary are considered **investigational and not medically necessary**.

Treatment of all other diseases and disorders by an implanted spinal cord stimulator is considered **investigational and not medically necessary**.

Spinal cord stimulation is considered **investigational and not medically necessary** as a treatment of critical limb ischemia as a technique to forestall amputation.

## Rationale