

<b>TITLE:</b>	NON-INVASIVE BACK PAIN TREATMENT POLICY
<b>POLICY #:</b>	MM-PNP-016
<b>VERSION #:</b>	01
<b>DEPARTMENT:</b>	MEDICAL MANAGEMENT
<b>ORIGINAL EFFECTIVE DATE:</b>	10/01/2023
<b>CURRENT REVISION DATE:</b>	N/A

## 1. PURPOSE

To assist the Medical PA team with medical necessity decisions around non-invasive treatment.

## 2. SCOPE

Medical UM Department.

## 3. DEFINITIONS

### 3.1. N/A

## 4. POLICY

### **Medical Necessity:**

#### **Back School**

Curative considers back school medically necessary for the treatment of persons with chronic or recurrent back pain, when such a program is prescribed by the member's doctor and the program is conducted by a physical therapist or other appropriate recognized healthcare professional. See CPB 0325 - Physical Therapy.

#### **Isokinetic Devices**

Isokinetic devices (e.g., Biodex, Cybex, and Kin-Com) and other exercise and testing machines (e.g., Isostation B-2000 and MedX) are considered acceptable alternatives for provision of medically necessary exercise in physical therapy. In addition to use in muscle testing, the MedX and other machines have also been used for administering exercise therapy. These devices can be used as exercise machines for administering physical therapy. However, these brands of exercise devices have not been proven to be superior to standard brands of exercise equipment (e.g., Nautilus, etc.) when used for administering physical therapy.

#### **Acupuncture**

Curative considers acupuncture (manual or electroacupuncture) medically necessary for the following musculoskeletal indications:

- Chronic (minimum 12 weeks duration) neck pain; *or*
- Chronic (minimum 12 weeks duration) headache; *or*
- Low back pain; *or*
- Nausea of pregnancy; *or*
- Pain from osteoarthritis of the knee or hip (adjunctive therapy); *or*
- Post-operative and chemotherapy-induced nausea and vomiting; *or*
- Postoperative dental pain; *or*
- Temporomandibular disorders (TMD).

Maintenance treatment, where the member's symptoms are neither regressing or improving, is considered not medically necessary. If no clinical benefit is appreciated after four weeks of acupuncture, then the treatment plan should be reevaluated. Further acupuncture treatment is not considered medically necessary if the member does not demonstrate meaningful improvement in symptoms

### **Chiropractic Services - for PPO+ members only.**

Curative considers chiropractic services medically necessary when *all* the following criteria are met:

- The member has a neuromusculoskeletal disorder; and
- The medical necessity for treatment is clearly documented; and
- Improvement is documented within the initial 2 weeks of chiropractic care.
  - If no improvement is documented within the initial 2 weeks, additional chiropractic treatment is considered not medically necessary unless the chiropractic treatment is modified.
  - If no improvement is documented within 30 days despite modification of chiropractic treatment, continued chiropractic treatment is considered *not* medically necessary.
  - Once the maximum therapeutic benefit has been achieved, continuing chiropractic care is considered not medically necessary.

### **Experimental and Investigational**

The following interventions are considered experimental and investigational because the effectiveness of these approaches has not been established:

### **Quantitative Muscle Testing Devices**

The use of quantitative muscle testing devices (not an all-inclusive list) when used for muscle testing because there is insufficient evidence that use of these devices improves the assessment of muscle strength over standard manual strength testing such that clinical outcomes are improved:

- MedX Lumbar and Cervical Extension Devices
- Isostation B-200 Lumbar Dynamometer
- Kin-Com Physical Therapy Isokinetic Equipment
- Cybex Back System
- Biodex System 3
- JTECH Tracker Freedom Wireless Muscle Testing.

**Note: No additional reimbursement is provided for performing manual muscle testing using hand-held dynamometers (not an all-inclusive list):**

- Lafayette Manual Muscle Test
- Nicholas Manual Muscle Tester
- Hoggan Dynamometer.

The use of the hand-held dynamometer is considered integral to the manual muscle testing and is not separately reimbursed.

### **Other Interventions for the non-invasive Treatment of Back Pain that could be considered:**

- Auricular acupressure
- Cupping therapy
- Dr. Ho's 2-in-1 Decompression Belt
- Gabapentinoids (e.g., gabapentin and pregabalin) (excluding fibromyalgia indication)

- High-frequency impulse therapy
- Intermittent vertical lumbar traction
- Khan Kinetic Treatment
- Kinesiotaping
- Orthotrac pneumatic vest
- Spinal adjusting instruments (see CPB 0107 - Chiropractic Services).
- Sustained acoustic medicine.
- Policy Limitations and Exclusions

Back school for occupational purposes may be excluded from coverage. See CPB 0250 - Occupational Therapy and CPB 0198 - Work Hardening Programs. Please check the benefit plan descriptions for details.

## **5. PROCEDURE**

**5.1. N/A**

## **6. TRAINING REQUIREMENT**

**6.1.** All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

## **7. ENFORCEMENT**

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal and equitable remedies may apply.

## **8. DOCUMENTATION**

N/A

## **9. REFERENCE DOCUMENTS AND MATERIALS**

### **9.1. Regulatory Authority**

9.1.1. N/A

### **9.2. Internal - N/A**

### **9.3. External - N/A**

## **10. COLLABORATING DEPARTMENTS**

**10.1.** N/A

## **11. DOCUMENT CONTROL**

<b>APPROVED BY:</b>		
<b>(Printed Name)</b>	<b>(Date)</b>	<b>(Signature)</b>

<b>REVISION HISTORY</b>			
<b>Date</b>	<b>Author</b>	<b>Version</b>	<b>Comments</b>
			Initial Version

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## APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

**Appendix A:**