

Children's Hospital and Health System Children's Community Health Plan Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|--|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Children's Community Health Plan |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: LUMBOSACRAL ORTHOTICS (BACK BRACES)

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Commercial

Together with CCHP

Marketplace

Together with CCHP

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of lumbosacral orthotic (LSO) devices. Note this policy does not apply to congenital or idiopathic scoliosis in a child or adolescent.

Clear guidelines for use of lumbosacral orthotics do not exist in the medical literature, as meaningful and universal studies are lacking. Expert opinion in the Orthopedic community support the use of LSO for patients with back pain or injury citing benefits to patients and lack of side effects.¹ Additionally, LSO provide an alternative to opioids for control of back pain. Local, State, and Federal officials have called upon the health care sector to play a role in the opioid crisis including the US Surgeon General who stated "it is crucial to improve access to non-opioid pain management options²."

Effective: 2/16

Revised: 12/19

Reviewed: 10/21

Q:\CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Lumbosacral Orthotics (Back Braces) Medical UM Policy

Developed by: CCHP Medical Directors and Director Health Plan Clinical Services

POLICY:

Lumbar, lumbosacral, or thoracolumbosacral orthotics may be indicated for **1 or more** of the following:

1. Following injury to spine or surrounding soft tissues
2. Following surgical procedure on spine or surrounding soft tissues
3. Need to restrict spine mobility to assist with pain control
4. Need to support spinal deformities or weak or injured spinal muscles

REFERENCES:

1. Effectiveness of lumbar orthoses in low back pain: Review of the literature and our results. C. Schott et al. Orthopedic Reviews 2018; volume 10:7791
2. U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Spotlight on Opioids. Washington, DC: HHS, September 2018.
3. Lumbar supports for prevention and treatment of low back pain. van Duijvenbode IC, Jellema P, van Poppel MN, van Tulder MW. Cochrane Database Syst Rev. 2008 Apr 16; (2):CD001823. Epub 2008 Apr 16.
4. European guidelines for the management of chronic nonspecific low back pain. Airaksinen O, et al. Working Group on Guidelines for Chronic Low Back Pain. Eur Spine J. 2006 Mar;15 Suppl 2:S192-300

Effective: 2/16

Revised: 12/19

Reviewed: 10/21

Q:\CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Lumbosacral Orthotics (Back Braces) Medical UM Policy

Developed by: CCHP Medical Directors and Director Health Plan Clinical Services