



# Spinal Cord Stimulator Plan-Based Audit

July 17, 2023

## Section 1: General Statement and Overview

Health care providers play a crucial role to ensure that basic goals of the workers' compensation system are met. Each injured employee will have access to prompt, high-quality medical care and receive services to facilitate the employee's return to work as soon as it is considered safe and appropriate. Health care providers must provide treatment in accordance with the current edition of the Official Disability Guidelines (ODG)-Treatment in Workers' Compensation, the adopted treatment guidelines under 28 Texas Administrative Code (TAC) Section 137.100. Under the ODG (December 2021):

Spinal cord stimulators (SCS) are seen as a therapy for patients suffering primarily from neuropathic pain for which there is no alternative therapy. Conventional (tonic) SCS has been characterized by limited success rates (generally about 50%) and reports of decline in efficacy over time. Newer advances in technology have produced multiple alternatives to the conventional SCS treatment. Both conventional and newer technology is accompanied by lack of scientific understanding of mechanism, including how this therapy modulates physiological effect and central pain processing. There has been criticism that without a complete understanding of the technology involved in SCS treatment, patients may be subjected to unnecessary health and financial burden. Further unanswered questions include (1) how to best select patient suitable for treatment and (2) how the treatment affects outcomes other than pain (e.g., patient preference, function, return to work, and quality-of-life outcomes).

Questions about long-term efficacy remain unclear.

Texas Labor Code Section 413.002 requires the Texas Department of Insurance, Division of Workers' Compensation (DWC) to "monitor health care providers, insurance carriers, independent review organizations, and workers' compensation claimants who receive medical services to ensure the compliance of those persons with rules adopted by the commissioner relating to health care, including medical policies and fee guidelines."

Texas Labor Code Section 408.021(a) states that "an employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that cures or relieves the effects naturally resulting from the compensable injury; promotes recovery; or enhances the ability of the employee to return to or retain employment."

Texas Labor Code Section 413.0512 requires the Medical Quality Review Panel (MQRP) to recommend to the medical advisor "appropriate action regarding doctors, other health care providers, insurance carriers, utilization review agents, and independent review organizations."

DWC will manage the Medical Quality Review Process in a manner that is fair, open, and transparent to all workers' compensation system participants to the extent consistent with state confidentiality

laws. DWC will provide the subject of a review the opportunity to participate throughout the Medical Quality Review Process.

Medical quality reviews help DWC monitor compliance with the Labor Code and DWC rules. They also ensure that injured employees in the workers' compensation system receive medically necessary and appropriate health care that is timely and cost-effective. In addition, these reviews facilitate functional recovery and appropriate return-to-work outcomes. Information on cost and utilization of health care provided or authorized by a treating doctor is collected under Texas Labor Code Section 408.023(l)(3).

## **Section 2: Purpose**

- Promote the delivery of quality health care in a cost-effective manner, including protecting the safety of injured employees.
- Ensure that referral doctors adhere to the ODG and medically accepted standards of care for recommending spinal cord stimulators, including appropriate recordkeeping of these procedures.
- Ensure that doctors' decisions and recordkeeping are appropriate and support the use and effectiveness of spinal cord stimulators.
- Support return-to-work outcomes, improve quality of life, and avoid unnecessary disability.

## **Section 3: Scope and Methodology**

- This audit includes referral doctors who recommended spinal cord stimulators for injured employees:
  - Where the spinal cord stimulator was billed with Current Procedural Terminology (CPT) codes 63650, 63655, or 63685.
  - Where the spinal cord stimulator was no earlier than January 1, 2022, and no later than April 30, 2023.
  - Where the spinal cord stimulator was not a trial.
  - Where the spinal cord stimulator was the first spinal cord stimulator.
- Procedures for determining the reasonableness of a doctor's decision making and recordkeeping are in Section 2 of the Medical Quality Review Process, specifically, the adopted return-to-work guidelines. Also, see Texas Labor Code Sections 413.013 and 413.05115.

## Section 4: Selection Criteria

- Time frame to select data. We will identify:
  - Subject referral doctors through the medical electronic data interchange (EDI) data and medical records.
  - Cases through medical EDI data submitted to DWC with dates of service on or after January 1, 2022, through April 30, 2023, which contain CPT codes 63650, 63655, or 63685.
- Case selection. We will:
  - Identify bills where the injured employee had a spinal cord stimulator:
    - With dates of service from January 1, 2022, through April 30, 2023.
    - Billed with CPT codes 63650, 63655, or 63685.
    - With dates of injury on or after January 1, 2019.
    - With dates of birth on or after January 1, 1969.
  - Include only one bill for each unique surgical event.
  - Randomly select 20% of bills. The randomly selected bills will identify the referral doctor who will be the subject of the review.
- Exclusions. We will exclude:
  - Any case where the spinal cord stimulator is a replacement.
  - Any case where the spinal cord stimulator is a trial.

## Section 5: Conflicts

This plan-based audit complies with the approved Medical Quality Review Process. However, if a specific conflict exists between this plan-based audit and the Medical Quality Review Process, this plan-based audit prevails.


**Section 6: Approvals**

**Submitted by:**

 7/10/2023

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TDI, Division of Workers' Compensation

**Approved by:**

 7/13/2023

Jeff Nelson                                  Date  
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