

Implanted Spinal Stimulator Trial

Prior authorization requests accepted from providers only.

Member/Patient Name _____

Checklist

Implanted electrical stimulator, spinal cord, may be indicated when the following are present. Please check all that apply and provide supporting documentation:

- Chronic neuropathic or ischemic pain, as evidenced by the following:**
 - Complex regional pain syndrome (previously referred to as reflex sympathetic dystrophy)
 - Failed back surgery syndrome
 - Lower extremity pain at rest due to critical limb ischemia
- Failed conservative management, as evidenced by the following:**
 - For limb ischemia, failed surgical or endovascular revascularization, or inoperable vascular disease
 - For neuropathic pain, stellate ganglion or lumbar sympathetic block
 - Pharmacotherapy
 - Physical therapy
 - Psychotherapy or cognitive behavioral therapy
- Favorable psychological evaluation, absence of untreated psychiatric comorbidity, or current treatment in multidisciplinary pain management program**
- Patient capable of operating stimulation device**
- No cardiac pacemaker or implantable defibrillator**
- No coagulopathy, severe thrombocytopenia, or anticoagulant or antiplatelet therapy**
- No current or chronic infection**

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Next Steps

1. Please provide history and physical including onset of symptoms, imaging and treatment received, and response to treatment.
2. Complete this form and submit request online through InTouch at PacificSource.com/aboutproviderintouch. You'll find the Preauthorization Request Form at: PacificSource.com/provider/preauthorization.aspx.

Questions? Please call us toll-free at (888) 691-8209 or (541) 684-5584.

This is not an inclusive list. Additional information may be requested.