

# Children's Hospital and Health System Chorus Community Health Plans 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"/> Chorus Community Health Plans |
| <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

##### Individual and Family

Commercial

Marketplace

#### PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for medically necessary use of lumbosacral orthotic (LSO) devices. 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 LSOs in patients with back pain or injury, citing benefits to patients and lack of side effects.<sup>1</sup> Additionally, LSOs provide an alternative to opioids for control of back pain. Consistent with messaging from other local, state, and federal officials, the United States Surgeon General Jerome Adams has stated, "It is crucial to improve access to non-opioid pain management options."<sup>4</sup>

#### POLICY:

Effective: 2/16

Revised: 12/19

Last reviewed: 10/23

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

Developed by: CCHP Medical Directors

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

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

**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. 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.
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. 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.

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