Group health for the second se	DEPARTMENT:	Utilization Management
	SUBJECT:	State of Wisconsin members with chronic low back pain
	PRODUCT LINE:	State of Wisconsin
	POLICY NUMBER:	069
	ORIGINAL POLICY EFFECTIVE DATE:	01/01/14
	LAST REVISED DATE:	N/A
	LAST REVIEWED DATE:	3/3/2023

- SCOPE: To ensure Group Health Cooperative of Eau Claire State of Wisconsin members are offered the shared decision making/Emmi Solutions tool to insure an optimal regime of conservative care and appropriate treatment for members with low back pain (LBP) prior to surgical consult.
- It is Group Health's policy to provide State of Wisconsin members the opportunity to review **POLICY:** with a health management nurse options for conservative and appropriate treatment for low back pain. Members must have completed conservative measures and review of a shared decision-making tool before receiving authorization to be surgically evaluated by an orthopedist, neurosurgeon or other surgical related consultations.

Procedure:

A monthly report generated from claims identifies members with chronic low back pain Members with LBP will be contacted for SDM (Shared Decision Making) to ensure conservative measures have been attempted and Emmi videos will be emailed to the member.

- A prior authorization will be required for non-emergent surgical consultations to orthopedists and neurosurgeons.
- Emergent consults for LBP include any of the following conditions and do not require prior authorization.
 - ✓ Trauma
 - ✓ Unexplained weight loss
 - \checkmark Age >50 years, especially women, and males with osteoporosis or compression fracture.
 - ✓ Unexplained fever, history of urinary or other infection.
 - ✓ Immunosuppression, diabetes mellitus.
 - ✓ History of cancer.
 - ✓ Intravenous drug use.
 - ✓ Prolonged use of corticosteroids, osteoporosis.
 - ✓ Age >70 years.
 - \checkmark Focal neurologic deficit(s) with progressive or disabling symptoms, cauda equina syndrome.
 - \checkmark Duration longer than 6 weeks.
 - \checkmark Prior surgery.

APPROVED: ______ Michue Bauer M.D. DATE: ______ DATE: ______

REVISION HISTORY:

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Rev. Date	Revised By/Title	Summary of Revision
01/01/14	Lynne Komanec/Mgr	Original Document
01/16/2015	Betsy Kelly, RN	Reviewed with no changes.
4/28/16	Betsy Kelly, RN	Reviewed with no changes.
4/9/2017	Michele Bauer, MD, CMO	Reviewed. No changes.
3/21/2018	Michele Bauer, MD, CMO	Reviewed. No changes.
4/15/2019	Michele Bauer, MD, CMO	Reviewed. No changes.
2/8/2020	Michele Bauer, MD, CMO	Reviewed. No changes.
3/11/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
3/1/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
3/3/2023	Michele Bauer MD, CMO	Reviewed. No changes.