



Spinal Cord Stimulation (SCS)/Dorsal Root Ganglion (DRG) Pre-Trial Checklist

General Information

Your health care provider has determined spinal cord stimulation may be helpful in treating your chronic pain condition. Spinal cord stimulation is a method of neuromodulation or changing the perception of your pain by stimulating nerves. The spinal cord stimulation therapy is a pacemaker-like device that can treat your pain by eliminating it, or by replacing the pain with a warm, pleasant, tingling sensation overlying your painful area. The purpose of the trial is to see if it is helpful in treating your pain. Once the trial procedure is performed, you are discharged to home with the trial system for up to a week, with a planned easy and simple removal in the office. Once the trial is over, you and your health care provider will discuss the next steps in your pain care plan.

Before we can proceed in scheduling your trial procedure, we need to make sure we have all the relevant imaging studies and clearances. They are as follows:

Pre-Trial Checklist

- ◊ 6 weeks of physical therapy in last 6 to 12 months
- ◊ Trial of various medications for pain management (ex: Tylenol, anti-inflammatories, muscle relaxants, nerve pain medications, topical agents, opioids, ice/heat)
- ◊ Trial of minimally invasive interventional pain procedures (epidural injections, facet blocks, radiofrequency ablation, trigger point injections etc.)
- ◊ Thoracolumbar x-ray (done here at OrthoIllinois)
- ◊ Thoracic spine MRI (within last 12 months)
- ◊ Lumbar spine MRI (within last 12 months)
- ◊ Clearance from Clinical Psychologist/Psychiatrist
 - This is a requirement by **ALL** insurance companies in order to proceed with this procedure. The purpose of this evaluation is to ensure you understand your pain, why it is present, what spinal cord stimulation/dorsal root ganglion stimulation can do for you, limitations of the therapy, assess the strength of your support network (family, friends, significant other) and evaluate for other mental health conditions that may impact the success of your therapy
 - We will place a referral to Evolutis Health (<https://www.evolutishealth.com/>)
 - Evolutis Health staff will obtain insurance authorization (they are in network with most major insurance companies with a full list on their website). **This may take 1-3 days**
 - Evolutis Health will email you assessment forms/questionnaires to fill out at your convenience
 - Once completed, you will receive an email to complete a virtual visit with a Board-Certified Clinical Psychologist. You will need a smartphone or computer with a webcam to complete the appointment
 - Evolutis Health team will compile a report and send it to our office with their assessment usually within 72 hours

- ◊ Clearance from other healthcare providers (**if needed**)
 - Diabetes (Provider: _____)
 - We aim to have your HbA1c < 8.0% to reduce risk of infection
 - We may send a clearance letter to your endocrinologist/PCP to obtain approval to move forward with the procedure or have them work with you to optimize your diabetic medication regimen
 - Cardiac History (Provider: _____)
 - If you have major cardiac history (cardiac stents, valve surgery, pacemaker placement, uncontrolled high blood pressure) please inform us
 - We may send a clearance letter to your treating provider to obtain approval to move forward with the procedure
 - Primary care physician (Provider: _____)
 - If you have a complex medical history, we may send a clearance letter to your primary care physician to obtain approval to move forward with the procedure
 - Specific Medications (Provider: _____)
 - If you are on anticoagulants (Warfarin, Eliquis, Xarelto etc.) or antiplatelet (Plavix, high dose aspirin etc.) medications to thin your blood please inform us
 - We **will** need clearance from your treating provider to verify it is safe for you to hold the medication before the trial and for the duration of the trial (5-7 days)
 - Other clearance requirements will be determined case by case based on your medical history
Provider: _____ /Specialty: _____
 - **Please help us in contacting your various healthcare providers that we need approval/clearance from to expedite the process**

We will see you in the office in **1-3 weeks** to review all your imaging studies and verify we have the appropriate approvals/clearance letters from your other healthcare providers. At this visit, we will schedule your spinal cord stimulation/dorsal root ganglion trial.

If you are interested in speaking to the representative from the device company to answer any questions, please let us know. We are more than happy to connect you with the representative.

For further information, please feel free to visit the following website based on the company we discussed in the office:

- **Abbott**
 - <https://www.neuromodulation.abbott/us/en/chronic-pain.html>
- **Medtronic**
 - <https://www.medtronic.com/us-en/patients/treatments-therapies/spinal-cord-stimulation-chronic-pain.html>
- **Boston Scientific**
 - <https://www.pain.com/en/chronic-pain-solutions/spinal-cord-stimulation.html>

If you have any questions, please contact our office (815) 398-9491