

PAYMENT FOR THE TREATMENT OF BACKACHE AND NECK PAIN

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The Scheme has adopted the latest best-practice guidelines for back and neck treatment claims payments. It is based on diagnosis, treatment, care, procedures and rules that the Orthopaedic specialists have agreed upon as a profession.

To ensure hassle-free payment of claims, we include some guidelines below. Please contact the Scheme Professional Nurses on 0860002101 for more information.

The modern approach to neck and back problems is the use of exercise therapy for lower back pain and a team approach for recovery of neck and back problems. The below table acts as a guide:

	What	Why	Who
1	Check with the Schemes Professional Nurses at 0860002101 as to what the Scheme pays for your specific condition	Management for your back and neck pain may be medical versus having surgery You can also qualify to be registered on a spinal program	Scheme Professional Nurses on 0860002101
2	Consult with your GP	Conditions that can also cause back pain needs to be excluded before referral to a specialist	Regular General Practitioner
3	MRI of the back and neck will not be authorized for funding if the Scheme protocol is not followed Trauma cases will be managed on a case-by case basis	This is costly investigations that should follow only once the other investigations are done. An X-ray is usually the first investigation.	Scheme managed care line line is 0860002101
4	Injuries on duty and Road Accident fund cases are managed according to legal requirements and a member is under a legal obligation declare if any of these are relevant	Non-disclosure can result in non-payment and reversal of accounts as well as legal action	Members, providers and employers to declare
5	Completion of a Scheme spinal questionnaire by the member	It gives you an opportunity to advise what your symptoms and challenges are	Alliance Midmed member
6	A full detailed medical history and examination	Symptoms, chronic conditions Blood tests and X-rays that were done and use of	General practitioner

		medication as well as previous surgeries	
7	Neurological screening Neurologist assessment	This will test your reflexes, muscle strength, other nerve changes, and pain spread (e.g. does the pain move down your arm and into your hand?) Nerve conduction studies	General Practitioner *Scheme preferred provider
8	Radiology screening	Back X-ray Flexion-extension X-ray Hip X-ray Abdominal sonar and x-rays MRI	Referral by general practitioner to the radiologist Request by ER or a specialist – need to be authorized by the Scheme *scheme preferred provider
9	Pathology screening	Full blood count	Referral by your GP
10	Psychosocial must also be assessed. Living with chronic back or neck pain can lead to depression, feelings of stress, anxiety, sadness, and other mental health-related conditions	Living with chronic back or neck pain can lead to depression, feelings of stress, anxiety, sadness, and other mental health-related symptoms. Referral you to a mental health professional doesn't mean your doctor thinks your pain is all in your head! Rather, he/she is taking a positive step in treating you as a whole person—by treating both the physical and emotional pain	Your GP may refer you to a psychologist and / or a psychiatrist.
11	Check lifestyle interventions and maintenance	Flexibility training, strength training, and cardiovascular exercise all play an important role in a healthy exercise routine, and each type of exercise contributes to spinal health. Eating well assists to lose weight and relieve back pain and contributes to spinal pain	Referral by your GP if appropriate – a treatment plan will be requested Your Physiotherapist, Occupational Therapist (work station rehabilitation), Chiropractic's, Dietician, Biokineticists
12	Compliance to treatment prescribed	Compliance to all previously prescribed treatment is a pre-requisite Every case will be individually evaluated	Member
13	Referral to a neurosurgeon if primary treatment fails	All the above information to be provided to the neurosurgeon for an assessment and to determine if surgery is required	General practitioner

Alliance- Midmed Scheme has an agreement with a Secondary Referral Centre (SRC) to evaluate the suggested special investigation and/or treatment and we may request the SRC's opinion if we do not receive adequate information and written motivation

The Scheme supports a multi-disciplinary approach to back and neck evaluation and treatment.

Such a team, as mentioned above, will then identify the so-called red flags and prioritise the treatment. For example: instability of the spine, e.g. fractures, malignancy, tumours and nerve problems, e.g. loss of muscle power or bladder function.

The guidelines became necessary because research indicates that about 80% of us will experience back pain and 50% of us will have neck pain at least once in our lives and 50% will experience a recurrence within two years. Pain or severe pain does not necessarily imply a serious problem in the spine, eight to ten percent of us will need spinal surgery and surgery without proper assessment and aftercare have mixed results. To have surgery or not is a complex decision made between you and your doctor and the possible complications need to be discussed.

The research also shows that the best results worldwide were obtained by:

-  Performing active rehabilitation under the supervision of a team with specifically designed exercises.
-  Combining the physical rehabilitation with behavioural changes to limit or prevent the recurrence.
-  Considering the place of work in the assessment and rehabilitation.
-  Ensuring that you understand your limitations and implement sound pain avoidance and coping mechanisms.
-  Using evidence and outcomes-based treatment.
-  Maintaining active exercising.

As always, you are advised to please speak to your doctor before embarking on a physical exercise program

Reference: South African Spine Society