Contact centre: 0860 002 101
General enquiries: service@alliancemidmed.co.za
Authorisation enquiries: auths@alliancemidmed.co.za
Clinical enquiries: clinical@alliancemidmed.co.za
www.alliancemidmed.co.za

ALLIANCE-MIDMED MEDICAL SCHEME

FUNDING OF BACK AND NECK TREATMENT AND SPINAL SURGERY

Dear Healthcare Professional
Cc Alliance-Midmed member

Protocol for Funding of Back and Neck Treatment and Spinal Surgery

Alliance-Midmed Medical Scheme, the in-house medical scheme for Columbus Stainless, has been serving members in Middelburg and surrounding areas since 1974. The Scheme is committed to funding appropriate, evidence-based and sustainable healthcare.

Back and neck conditions are significant contributors to pain, disability and reduced quality of life. Injuries sustained at work further increase the complexity of these conditions. To ensure accurate diagnosis, appropriate treatment and responsible use of benefits, the Scheme requires comprehensive clinical information before any referral to a specialist, unless the case is a confirmed medical emergency.

Specialist spinal assessments and treatment, and high-cost investigations such as MRI scans and other specialised investigations, will only be funded once the Scheme has received all required clinical information.

Why this information is required

MRI scans and specialised radiology investigations are expensive and often duplicated when a patient is referred without adequate background information. A lack of prior films, reports or clinical findings also compromises the specialist's ability to determine the most appropriate treatment plan.

Required documents prior to funding consideration

Before any referral, MRI request, procedure or spinal surgery can be authorised, the following must be submitted:

1. A spinal questionnaire completed by the member (attached)
2. Back or neck X-rays (the relevant area of pathology)
3. Bilateral hip X-rays for lower back pathology
4. Flexion extension X-rays for neck or back
5. Relevant pathology to rule out other medical conditions.
6. Neurological findings and EMG report
7. Relevant medical history
8. Conservative treatment details and time of the treatment, evidence must be provided.

The Scheme covers the early treatment and management of persistent or recurrent low back, (non-specific low back pain that has lasted for 6 weeks and not more than one year).

Scheme Governance and Clinical Oversight

Alliance-Midmed applies Managed Care principles, clinical evidence and industry guidelines. To safeguard members and ensure clinical appropriateness, the Scheme may:

- Request additional clinical information
- Recommend or require a second opinion
- Refer cases to contracted Centres of Excellence
- Decline authorisation where procedures do not meet evidence-based criteria

All decisions are guided by:

- Council for Medical Schemes (CMS) requirements
- Health Professions Council of South Africa (HPCSA) ethical guidelines
- Independent clinical assessments from specialist centres

Minimally invasive spinal surgery and stereotactic spine radiosurgery are reviewed by the Clinical Team and will **only** be funded if performed at a recognised Centre of Excellence. A supporting flow diagram (AMSP02) is available on request.

Contact

For queries or submissions, please email the clinical team or medical advsor: auths@alliancemidmed.co.za

Please complete the questionnaire below, yourself, independently, sign and return it, together with the information-rays, referrals, details of medication, and any other information that relates to your medical condition, to e-mail: auths@alliancemidmed.co.za
(Please add additional sheets if the space for information on this form is insufficient.)

Thank you for your contribution to ensuring quality care outcomes.

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SPINAL PROGRAMME QUESTIONNAIRE (ANNEXURE 1)

This questionnaire must be completed by the patient (for minor children the adult responsible needs to complete and sign)

Patient Name and Surname							
Membership No.		Date of Birth		Weight		Length	
Employer		Current Occupation		Time period in this occupation			

How and when did the problem start? (Have you injured your spine in a motor vehicle accident or an injury on duty? Any other trauma/injury of the spine?)	
Previous spinal surgery (please indicate: Hospital, doctor, date, and the part of the spine operated on)	
Describe all your symptoms: • Can you walk and climb the stairs? • How far can you walk? • Neurological deficit? (Do you have pins and needles or numbness of any part of the body? Please explain the exact site and how long)	

TESTS CONDUCTED – please indicate if done and if results are included:

Test	Done - Yes/No	Results included - Yes/No
X-Ray spine: • Anterior/Posterior (AP) and lateral • Flexion-extension of lower back in the case of low back pain		
Any scans - please state which type e.g., MRI		
EMG test and/or nerve conduction studies		

CURRENT TREATMENT – please indicate and provide details:

All current and chronic medications?	

EVIDENCE OF CONSERVATIVE TREATMENT – please provide details:

Physiotherapy and/or Biokinetics? From which date and how many sessions?	

ADDITIONAL INFORMATION – please indicate "Yes" or "No", if "Yes" please provide details:

Do you experience spinal pain at night? Explain the pain and onset time	
Do you have a history of cancer?	
Do you have a history of TB?	
Have you lost a lot of weight	
Are you feverish?	
Are you immunocompromised?	

DECLARATION:

I, _____ (state name and surname), with Alliance-Midmed Medical Scheme membership number _____ hereby confirm that all the information provided within this form is true and accurate.

I understand that Alliance-Midmed Medical Scheme has an agreement with a Secondary Referral Centre and that the Scheme Clinical Team may refer me for an assessment and opinion.

Signature: _____ Date D D M M Y Y Y Y

Contact number: _____ Alternative number: _____