Assessment Pathway and Local Selection Criteria for Pain Neuromodulation

**Scope**

These criteria are designed to support clinical decision making in respect of selection of patients for:

- Spinal cord stimulation
- Dorsal root ganglion stimulation
- Peripheral nerve stimulation
- Occipital nerve stimulation
- Deep brain stimulation

**Assessment Pathway**

All referrals for neuromodulation are triaged by one of the specialist nurses to ensure that the team have all the necessary information before an appointment is booked with one of the consultant neurosurgeons.

If the consultant judges that the patient is a potential candidate for neuromodulation therapy they will be referred for a psychological assessment with the clinical neuropsychologist.

The team will meet on a monthly basis to review all the patients that have been identified as potential candidates for surgery. The team will ensure that all the clinical criteria for surgery have been met and will use the list of cautions / contraindications to inform their decision.

At the MDT meeting the team will make one of five decisions:

1. That the patient is a suitable candidate and will be added to the waiting list for surgery
2. That the patient is not a suitable candidate for surgery.
3. That the patient might be a suitable candidate for surgery but additional action is needed by the patient (e.g. attend pain management group, attend physiotherapy)
4. That the patient might be a suitable candidate but due to the presence of multiple cautions further action is required by the team and the patient (e.g. agree goals to increase activity / abstain from substance misuse and then be seen again in a consultant, neuropsychologist or nurse led clinic).
5. That due to outstanding litigation the patient is not suitable for surgery at present but might be reconsidered when their case is settled.

If the patient is not a suitable candidate for surgery they will be informed of this decision in person by a consultant and the clinical neuropsychologist.
If the person is a suitable candidate a letter will be sent to the referrer to confirm the decision and outline any actions that are required.

**Contraindications**

- Functional symptoms / somatoform disorders
- Musculoskeletal pain
- Mechanical back pain
- Other non-neuropathic pain
- Active suicidal ideation
- Active substance misuse
- Untreated psychological distress or psychiatric illness (E.g. depression, anxiety, PTSD, psychosis)
- Negative expectations from surgery (e.g. “it probably won’t work”)
- Unrealistic expectations from surgery (e.g. to treat back pain, total pain relief)
- BMI >35 (BMI >30 if the referral is for Failed Back Surgery Syndrome)
- Unsettled litigation (the patient can be reconsidered for surgery once their case has been settled)

**Cautions**

- Passive coping
- Low activity
- BMI 30 - 35
- Premorbid depression
- Social isolation
- Not attended a pain management programme
- Fibromyalgia / CFS / ME
- Misuse of medication
- Limited understanding of the procedure
- Cognitive impairment
- Uncertainty regarding aetiology of pain
- Pain related catastrophisation
- Lack of consistency between reported pain and reported everyday functioning
- Unusual pain ratings (e.g constant pain without variation in intensity)

**Supporting Evidence**

These criteria have been derived from the following studies, guidelines and expert panel reports.


Celestin, J. et al. (2009). Pretreatment psychosocial variable as predictors of outcomes following lumbar surgery and spinal cord stimulation: A systematic review and literature synthesis. *Pain Medicine, 10*, 639 - 653


