



# Consultation paper

Proposed Spinal Cord Stimulator Treatment Guideline  
and Worker Resource

July 2025

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# Introduction

ReturnToWorkSA has developed a Spinal Cord Stimulator (SCS) Guideline for Treating Specialists and a corresponding Information Booklet for Workers.

We invite your feedback on these documents throughout a formal consultation period, **from 1 July – 22 July 2025**.

## Aim of this consultation paper

This paper provides the rationale for creating a Guideline for Treating Specialists and Information Booklet for Workers. It summarises the aims of the resources, context for development and expected impact.

At the end of the paper you will find the consultation questions, contact information, and the next steps.

## Why provide feedback?

Your feedback will help us to ensure that these guidelines and resources are able to:

- provide a clear and consistent approach to cost approvals for SCS that meets the diverse needs of practitioners and workers.
- support understanding of the expectations and requirements from all involved in worker recovery.

## Key notes for providing feedback

- These documents only refer to SCS, not to other types of implantable pain devices or stimulation devices (e.g., Peripheral Nerve Stimulators, Sacral Stimulators, Deep Brain, etc.).
- The drafts are not the final versions – finals will be created after this consultation. Please only comment on content, not graphic design.

## Aims of the Treatment Guideline and Worker Resource

ReturnToWorkSA supports workers having access to a wide variety of high quality, evidence-based, treatment options that support recovery from injury or reduce the extent of the injury.

SCS is a treatment for specific chronic pain conditions which can provide relief in carefully selected patients. However, it is not without risk, and for many people, there are limits to how much SCS can reduce their pain.

Where the evidence base for treatment is unestablished or still emerging, or there is a significant risk of harm, it is appropriate to define the criteria and indications for treatment to support cost approval and to ensure optimal worker outcomes.

These resources aim to:

- set clear expectations for practitioners who use SCS when treating workers in the scheme,
- provide workers with an overview of these devices and their usage to support their active decision-making in treatment,
- provide workers with information on the cost approval process to manage expectations about timeframes,
- support claims agents in their decision-making and approval processes,
- create a clear, streamlined, and consistent approach to approving treatment costs associated with SCS, and
- optimize outcomes for workers by preventing unnecessary or high-risk use of SCS within the Return to Work scheme.

# Discussion

## Background

*Please refer to the draft documents for an overview of SCS devices, including benefits, risks, and the conditions for use.*

ReturnToWorkSA's data shows cost approvals for SCS treatment dating back to 1997. Use of SCS within the Scheme remained low until 2015, with an average less than one implant undertaken within the Scheme per year. Since that time, SCS usage has increased significantly (as many as 30 implants a year).

Data from Private Health Australia states that SCS implants cost \$50,000 on average, plus ongoing costs for revision, replacement (lifespan of 10 years), batteries, and regular health check-ups. SCS devices require workers to make a long-term commitment to their usage and maintenance, potentially for the rest of their life. Workers must consider the broader impacts of having an electronic device implanted on their health and lifestyle.

Anecdotal evidence from workers shows that SCS use can support improved quality of life and daily function, and a return to the community. However, there is no scheme data that evidences SCS contributing to a return to work, and limited evidence of reduced medication harms (e.g., opioid-induced injury) long-term.

As with any surgical procedure, the insertion of an SCS device carries a risk. Workers have experienced adverse outcomes from SCS, including pain at the implant site, undesirable impacts of stimulation (headaches, secondary pain), and infections. A few have had major complications, and many have sought permanent removal of their device or stopped using them altogether.

An Australian Broadcasting Corporation, Four Corners report in 2024 revealed issues with the marketing and use of SCS and highlighted risks of the procedure. The Therapeutic Goods Administration is

reviewing SCS use and approvals of devices. WorkSafe Victoria recently introduced additional requirements for the use of SCS.

Given risks of poor health outcomes, high financial investment and long-term commitment required for this treatment, and a lack of evidenced benefits for workers, there is a need for improved patient screening and selection for SCS within the Scheme to ensure optimal outcomes.

Treatment guidelines for SCS have been in place in New Zealand and America for many years. This is a suitable first step to mitigating risks of harm while supporting workers to access a range of treatments and be active health decision-makers.

## Regulatory context

The ReturnToWorkSA scheme is governed by the *Return to Work Act 2014* (the Act). Section 33 of the Act prescribes how workers are entitled to be compensated for the necessary costs of medical and related services that are reasonably incurred in the context of the work injury.

As a 'therapeutic appliance' under Section 33 of the Act, medical entitlements for SCS are covered for workers for:

- implantation of the device,
- ongoing care, revision, and replacement via further surgeries,
- and associated income support entitlements.

To determine whether a treatment or related service is reasonably incurred, ReturnToWorkSA's claims agents must consider:

- the appropriateness of the treatment,
- the availability of alternative treatment,
- the cost of the treatment,
- the actual or potential effectiveness of the treatment, and
- consensus by medical experts that the treatment is appropriate.

## Impact on providers

The introduction of the Guideline for Treating Specialists and Information Booklet for Workers is expected to have minimal impact on providers.

The intention of the Guideline is to provide consistency and clarity in the process for treatment approval. ReturnToWorkSA have developed the Guideline in line with best practice recommendations from the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine and based on review of current academic research, grey literature, and guidelines from other authorities. Hence, for most specialists, following this guideline should be consistent with normal practice and expected to result in minimal added administrative burden.

## Impact on workers

There are no known or expected adverse impacts on workers associated with the introduction of the Guideline for Treating Specialists or Information Booklet for Workers.

The Information Booklet for Workers has been developed to encourage active participation in the treatment decision-making process. It aims to act as a tool to facilitate agent and health practitioner discussions with workers seeking or being recommended this treatment. It has been informed by workers who have had this treatment and by other reputable public resources for those experiencing chronic pain, including Pain Australia guides and government health sites.

## Impact on employers

There are no known or expected adverse impacts on employers associated with the introduction of the Guideline for Treating Specialists or Information Booklet for Workers.

Self-insured employers will have the option to follow the requirements of the Guideline for Treating Specialists in their approvals of costs related to SCS.

# Consultation questions

To help you in your responses, questions for your consideration are provided below. You may answer any you feel are relevant or provide other feedback not covered by these questions.

### Both documents:

1. Is anything unclear in the content? What and why is it unclear? Any suggestions for improvement?
2. Is anything missing? What would you recommend be added?
3. Is anything irrelevant? What, and why? Would you recommend us referring readers somewhere else to obtain this information?

### Guideline for Treating Specialists:

4. Does the information on the role of the medical practitioner and the approval process align with what you understand to be best practice? If not, why?
5. Are any of the requirements for the approval process difficult to meet or impractical? What and why?
6. Are there any conditions or situations in which the process may need to be altered? Please provide detail.
7. Can you suggest any clarifications to the content to better support treating medical practitioners work with claims agents on cost approvals?

### Information Booklet for Workers:

8. Will the information and questions throughout the resource support workers in actively participating in decision-making for treatment? Why or why not?
9. Will the information support workers to understand the cost approval process? Why or why not? What changes would you recommend?
10. Will the document support those involved in worker treatment to have conversations with workers about their options? Why or why not?

# Consultation details

The formal consultation period will begin on **Tuesday 1 July** and conclude on **Tuesday 22 July 2025**.

This consultation paper will be sent to unions, employer associations, and relevant medical providers and associations. If you would like to contribute, please provide your feedback to [providers@rtwsa.com](mailto:providers@rtwsa.com) by close of business Tuesday 22 July 2025.

ReturnToWorkSA is committed to considering all feedback before finalising these documents.

## Next steps

To enable implementation of the treatment guidelines, ReturnToWorkSA will:

- consider and collate all stakeholder feedback
- adjust the document content (based on the feedback received) to create final versions for distribution
- provide a written summary of themes from feedback and distribute it to all who took part
- write to individuals to provide more detail on our considerations for their feedback (where appropriate)
- work with relevant associations and unions to distribute final documents to their members.

If you have any questions, please contact Elyse Lloyd, Scheme Support on 08 8233 2172 or email [providers@rtwsa.com](mailto:providers@rtwsa.com).