

Driscoll Health Plan Medical Necessity Guideline



Medical Necessity Guideline:	Creation Date:	Review Date:	Effective Date:
Lumbago of Pregnancy-Pregnancy Related Back and Pelvic Pain	09/01/2006	05/27/2025	07/17/2025

PURPOSE:

To define the indications and reasonable treatment for members with Lumbago of Pregnancy – Pregnancy-Related Back and Pelvic Pain.

DEFINITIONS:

Lumbago of Pregnancy - Pregnancy-related low back pain is a common complaint among pregnant women and includes lumbar pain and pelvic girdle pain.

GUIDELINE:

Physical therapy (PT) may be of limited benefit to pregnant women with the more common forms of uncomplicated “lumbago of pregnancy” – those not associated with neurologic complications or other co-morbid anatomic or orthopedic conditions which require correct diagnoses and specific management. Driscoll Health Plan considers short-term, low-frequency PT that rapidly tapers to a robust home plan that appropriately manages this condition. ⁽¹⁾

Documentation Requirements: Therapy requests should include clinical notes with medical diagnoses, history of the pain to include neurological findings (if any), chronicity, previous treatments or therapy, and a treatment plan that clearly justifies the proposed treatment frequency, intensity, and details of the transition to a home program.

BACKGROUND:

Low back pain (LBP) is one of the pregnant women’s most common musculoskeletal complaints. For some women, it may be the outburst of chronic low back pain, and for others may be disabling pain during pregnancy and for a variable period postpartum. However, this “Lumbago of Pregnancy” is self-limited and resolves with delivery for most pregnant women. ⁽²⁾
³⁾ LBP during pregnancy may be the result of mechanical, hormonal, and other factors associated with the changes in the body. ⁽⁴⁾

Although it may not be possible to cure LBP in some cases of persistent LBP, it can be adequately reduced. Early identification and treatment that takes into consideration the individuality of each woman and pregnancy provide the best opportunity for the best possible outcome. Since treatment is different, a correct diagnosis and a differentiation between Pelvic Girdle Pain (PGP) and LBP are of the utmost importance. Depending on the case, treatment

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options include exercising, physiotherapy, stabilization belts, nerve stimulation, pharmacological treatment, acupuncture, massage, relaxation, and yoga. A more vigorous treatment should be applied in more serious cases, associated with neurologic complications, such as disc herniation or mass. ^(3, 4, 6, 7)

PROVIDER CLAIMS CODES:

ICD 10	
M54.5	Low back pain
○ O99.89	Other specified diseases and conditions complicating pregnancy, childbirth, and the puerperium
○ O99.891	Other specified diseases and conditions complicating pregnancy, childbirth, and the puerperium, first trimester
○ O99.892	Other specified diseases and conditions complicating pregnancy, childbirth, and the puerperium, second trimester
○ O99.893	Other specified diseases and conditions complicating pregnancy, childbirth, and the puerperium, third trimester
○ O26.899	other specified pregnancy-related conditions, unspecified trimester
○ R10.2	Pelvic and perineal pain

CPT	
97110	Therapeutic exercise
97112	Neuromuscular reeducation
97113	Aquatic therapy/exercises
97116	Gait training therapy
97124	Massage therapy
97140	Manual therapy 1/> regions
97530	Therapeutic activities
97535	Self- Care management training
97537	Community/work reintegration
97014	Electrical stimulation - unattended

REFERENCES:

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8. Danforth Obstetrics and Gynecology Ninth Ed. Scott, James. Gibbs, et al, Ch. 1.

Organizational Guideline:

Consensus opinion of DHP Obstetrics Workgroup: Date: 9/1/2006; Reviewed 11/30/2020.

DOCUMENT HISTORY:

DHP Committee that Approved	Review Approval Date (last 5 years)				
	05/16/2023	06/06/2023	05/22/2024	05/27/2025	
Medical Director	05/16/2023	06/06/2023	05/22/2024	05/27/2025	
CMO	06/07/2022	06/20/2023	06/11/2024	06/10/2025	
Medical Policy Workgroup	06/07/2022	06/09/2023	06/11/2024	06/10/2025	
Utilization Management & Appeals	06/21/2022	07/20/2023	06/18/2024	06/17/2025	

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Provider Advisory Committee (PAC)	06/17/2022	07/25/2023	07/01/2024	06/24/2025	
Clinical Management Committee	06/24/2022 & 08/23/2022	06/06/2023	07/24/2024	07/01/2025	
Executive Quality Committee	06/28/2022	06/06/2023	07/30/2024	07/17/2025	

<i>Document Owner</i>	<i>Organization</i>	<i>Department</i>
Dr. Fred McCurdy, Medical Director	Driscoll Health Plan	Utilization Management

<i>Review/Revision Date</i>	<i>Review/Revision Information, etc.</i>
03/04/2014, 09/01/2015, 11/28/2016, 11/28/2017	No changes, reviewed resources
11/19/2018	No changes
11/30/2019	Update references and new format
11/30/2019	Updated sources, new format with addition of guideline statements and process language. No change in guideline or benefit interpretation.
05/08/2020	Updated format, language, added codes
06/04/2020	Minor formatting and language reposition
06/16/2020	Final Review
05/17/2021	Added and updated references, Drs. Brendel and Doucet
05/11/2022	Reviewed by Dr. Roxanne Doucet
05/24/2022	Reviewed and final editing by Dr. Fred McCurdy
05/16/2023	Reviewed by Drs Roxanne Doucet and Fred McCurdy
05/22/2024	Reviewed and revised by Drs. Roxanne Doucet and Fred McCurdy
05/13/2025-05/27/2025	Annual review and revision initiated on 05/13/2025 and completed on 05/27/2025 by Tamara Gonzalez, PT, Paige Tietze, SLT, and Dr. Dan Doucet

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