The Cost Effectiveness of SCS in the Treatment of FBSS

Rod S. Taylor, PhD, James Ryan, MSc, Ruairi O'Donnell, PhD, Sam Eldabe, MD, Krishna Kumar, MD, and Richard B. North, MD. Clin J Pain. 2010;26:463–469.

Study Design

Authors used a model developed for the UK's National Institute of Health and Clinical Excellence (NICE) to compare the cost-effectiveness of:

(1) SCS versus CMM

VS.

(2) SCS versus Reoperation

VS.

SCS = spinal cord stimulation
CMM = conventional medical management

Study Population

The model simulates a group of patients with these characteristics:

- **FBSS patients with radicular pain**
- **VAS ≥ 50mm on 100mm scale**
- **Duration 6+ mos after surgery**
- **Potential for reoperation**

Results

SCS had an increased cost-effectiveness ratio of $8,830 per QALY

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QALY = quality-adjusted life years

Improving SCS Economics

- Decrease SCS adjunct pain therapy costs
- Increase SCS IPG lifespan
- Rising costs of CMM and reoperation make SCS increasingly cost-effective
- Decrease probability of insufficient SCS pain relief

Conclusion

Even with conservative estimates, SCS is a cost-effective option both as an adjunct to CMM and as an alternative to reoperation.

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