

## Review Criteria for Cervical Spinal Fusion for DDD

Cervical spinal fusion is **NOT** a covered benefit for neck pain without subjective, objective and advanced imaging evidence of radiculopathy or cervical spondylotic myelopathy.

### Review Criteria for Cervical Spinal Fusion for Degenerative Disc Disease with Radiculopathy

PROCEDURE	CONSERVATIVE CARE	Clinical Findings		
		SUBJECTIVE	OBJECTIVE	IMAGING
		AND	AND	AND
<b>Cervical Discectomy Laminectomy Laminotomy Foraminotomy With Or Without Fusion  Excluding Fractures</b>	At least 6 weeks of:  Physical therapy OR Medications OR Cervical traction	Sensory symptoms in a dermatomal distribution that correlates with involved cervical level*  OR Positive Spurling test	Motor deficit OR Reflex changes OR Positive EMG changes should correlate with involved cervical level	Abnormal imaging that correlates nerve root involvement with subjective and objective findings, on: Myelogram with CT scan  OR MRI
<p>A positive response to Selective Nerve Root Block** that correlates with imaging abnormality is required if there are complaints of radicular pain with no motor, sensory, reflex or EMG changes</p>				

### Review Criteria for Cervical Spinal Fusion for Degenerative Disc Disease with Spondylotic Myelopathy

PROCEDURE	CONSERVATIVE CARE	Clinical Findings		
		SUBJECTIVE	OBJECTIVE	IMAGING
		AND	AND	
<b>Cervical Discectomy Corpectomy Laminectomy Laminoplasty With Or Without Fusion  Excluding Fractures</b>	Not required if there is evidence of myelopathy	Sensory symptoms (pain in the neck, subscapular regions, or shoulder, often radiating into the arms; numbness or paresthesias in the arms; or the sensory loss may follow a dermatomal pattern and often underlie complaints of loss of fine motor control in the hands).	Motor deficit. Gait disturbance; sensory deficits; weakness in the lower extremities with upper motor neuron characteristics; lower motor neuron findings in a myotomal distribution in the arms or hands; bladder dysfunction; or Lhermitte's sign.	Abnormal imaging that correlates with subjective and objective findings, on: Myelogram with CT scan  OR MRI

## Review Criteria for Cervical Spinal Fusion for DDD

Relative Contraindication: Current cigarette smoking. **Policy 40.17 describes the department's coverage policy on smoking cessation prior to spinal fusion.**

Cases to be referred for physician review include:

- Repeat surgery at the same level
- Request for surgery at C3-4 level or above
- Objective findings indicating myelopathy

When requesting authorization for cervical fusion of multiple levels, each level is subject to the review criteria.

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Sensory deficit, motor weakness, and reflex changes may vary depending on innervation.

- C4-5 disc herniation with compression of C5 nerve root may produce sensory deficit in the lateral upper arm and elbow; motor weakness in the deltoid and variably in the biceps (elbow flexion); and reflex changes variably in the biceps.
- C5-6 disc herniation with compression of the C6 nerve root may produce sensory deficit in the radial forearm, thumb, and index finger; motor weakness in the biceps, forearm supination, and wrist extension; and reflex changes in the biceps and brachioradialis.
- C6-7 disc herniation with compression of the C7 nerve root may produce sensory deficit in the index and middle fingers; motor weakness in the triceps (elbow extension), wrist flexion, and variably in the finger flexors; and reflex changes in the triceps.

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A Selective Nerve Root Block may be considered "positive" if it:

- Initially produces pain in the distribution of the nerve root being blocked, and
- Produces at least 75% reduction in pain for a duration consistent with the type of local anesthetic used for the block.