



CLINICAL GUIDELINES

CMM-600: Preface to Spine Surgery Guidelines

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

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CMM-600.1: Prior Authorization Requirements

- Prior-authorization requests should be submitted at least two weeks prior to the anticipated date of an elective spinal surgery.
- Minimum documentation requirements needed to complete a prior authorization request for spinal surgery include **ALL** of the following:
 - ◆ CPT codes, disc level(s) or motion segments involved for planned surgery, and ICD-10 codes
 - ◆ Detailed documentation of the type, duration, and frequency of provider-directed non-surgical treatment (e.g. interventional pain management, medication management, physical therapy, chiropractic care, provider-directed active exercise program, etc.) and the response to each treatment
 - Detailed documentation explaining why a sufficient trial of non-surgical treatment was contraindicated if applicable
 - Detailed documentation of less than clinically meaningful improvement for each treatment.
 - ◆ Written reports/interpretations of the most recent advanced diagnostic imaging studies (e.g. CT, MRI, Myelography) by an independent radiologist. Clinically significant discrepancies in interpretations between the surgeon and the radiologist need to be reconciled in the documentation submitted for prior authorization.
 - Acceptable imaging modalities for purposes of the Spine Surgery guidelines are: CT, MRI, and Myelography.
 - Discography or MR Spectroscopy results will not be used as a determining factor of medical necessity for any requested procedure. Discography or MR Spectroscopy use is not endorsed.
 - ◆ For spinal fusion surgery requests: documentation of flexion-extension plain X-rays based upon indications for instability and/or other plain X-rays that document failure of instrumentation, fusion, etc.
 - ◆ Documentation of nicotine-free status as evidenced by **EITHER** of the following, unless this is an urgent/emergent request for fusion, disc arthroplasty, or when myelopathy is present:
 - Patient is a never-smoker
 - Patient has refrained from smoking, use of smokeless tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL
 - **Note:** In order to complete the prior authorization process for spinal fusion surgery, allow for sufficient time for submission of lab results performed after the 6-week cessation period.
 - ◆ Some procedures in the eviCore Spine Surgery Guidelines require a trial of epidural steroid injection(s) (ESIs)/selective nerve root blocks (SNRBs) unless there is a documented contraindication(s) to ESIs/SNRBs.; Contraindications to ESIs/SNRBs include the presence of **ANY** of the following:
 - Allergy to the medication to be administered
 - A significantly altered or eliminated epidural space (e.g. congenital anatomic anomalies or previous surgery)

- Anticoagulation therapy
- Bleeding disorder
- Localized infection in the region to be injected
- Systemic infection
- Other co-morbidities which could be exacerbated by steroid usage (e.g. poorly controlled hypertension, severe congestive heart failure, diabetes, etc.)

CMM-600.2: Urgent/Emergent Requests

- All patients being evaluated for spine surgery should be screened for indications of a medical condition that requires urgent/emergent treatment. The presence of such indications/conditions warrants definitive surgical treatment in lieu of provider-directed non-surgical management and/or proof of smoking cessation. Confirmatory imaging studies are required.
- An urgent/emergent request is based on the 2019 NCQA standards for utilization management and is as follows:
 - ◆ A request for medical care or services where application of the time frame for making routine or non-life threatening care determinations:
 - Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, **OR**
 - Could seriously jeopardize the life, health, or safety of the member or others, due to the member's psychological state, **OR**
 - In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

CMM-600.3: Definitions

- **Meyering Classification Grade of Spondylolisthesis** is determined by measuring the degree of slip using standing, neutral lateral radiographs of the lumbar spine. The classification system divides slip into five grades: 0% to 25% is Grade I, 25% to 50% is Grade II, 50% to 75% is Grade III, 75% to 100% is Grade IV, and greater than 100% is Grade V.
- **Motor deficits (weakness)** should be defined by the specific myotomal distribution (e.g., weakness of toe flexion/extension, knee flexion/extension, ankle dorsi/plantar flexion, wrist dorsi/palmar flexion) and gradation of muscle testing should be documented as follows:

➤ Grading of Manual Muscle Testing	
0	No muscle activation
1	Trace muscle activation, such as a twitch, without achieving full range of motion
2	Muscle activation with gravity eliminated, achieving full range of motion
3	Muscle activation against gravity, full range of motion
4	Muscle activity against some resistance, full range of motion
5	Muscle activation against examiner's full resistance, full range of motion

- **Radiculopathy** (for the purpose of this policy);, the presence of pain, dysesthesia(s), or paresthesia(s) reported by the individual in a level-specific referral pattern of an involved named spinal root(s) causing significant functional limitations, (i.e., diminished quality of life and impaired age-appropriate activities of daily living).
- **Spinal stenosis:** the narrowing of the spinal canal usually due to spinal degeneration that occurs with aging. It may also be the result of spinal disc herniation, osteoarthritis, or a tumor.

CMM-600.4: References

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