



CLINICAL GUIDELINES

CMM-605: Cervical Microdiscectomy 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.

CMM-605: Cervical Microdiscectomy

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CMM-605.1: General Guidelines

- The determination of medical necessity for the performance of cervical microdiscectomy is always made on a case-by-case basis.
- For prior authorization requirements, see **CMM-600.1: Prior Authorization Requirements**.
- The presence of urgent/emergent indications/conditions warrants definitive surgical treatment. Confirmatory advanced imaging studies are required. The following criteria are **NOT** required for confirmed urgent/emergent conditions:
 - ◆ Provider-directed non-surgical management
 - ◆ Absence of unmanaged significant mental and/or behavioral health disorders
- Urgent/emergent conditions for cervical microdiscectomy include **ANY** of the following:
 - ◆ Myelopathy or Cord signal changes on MRI due to cord compression
 - ◆ Central cord syndrome
 - ◆ Documentation of progressive neurological deficit on two separate physical examinations
 - ◆ **ANY** of the following due to a neurocompressive pathology
 - Motor weakness of grade 3/5 or less of specified muscle(s)
 - Rapidly progressive symptoms of motor loss
 - Bowel incontinence
 - Bladder incontinence/retention
 - ◆ Documentation of severe debilitating pain and/or dysfunction to the point of being incapacitated

CMM-605.2: Initial Primary Cervical Microdiscectomy

Initial primary cervical microdiscectomy is considered **medically necessary** when **ALL** of the following are met:

- Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
- Performed for **EITHER** of the following conditions:
 - ◆ Radiculopathy when **ALL** of the following are met:
 - Subjective symptoms including **BOTH** of the following:
 - Significant level of pain on a daily basis defined as **EITHER** of the following:
 - Visual Analog Scale (VAS)/Numeric Rating Scale (NRS) as ≥ 7
 - Severe, disabling, crippling, or incapacitating pain
 - Unremitting radicular pain to shoulder girdle and/or upper extremity resulting in disability

- Objective physical examination findings including **ANY** of the following:
 - Dermatomal sensory deficit
 - Motor deficit (e.g. biceps, triceps weakness)
 - Reflex changes
 - Shoulder Abduction Relief Sign
 - Nerve root tension sign (e.g. Spurling's maneuver)
 - Unrelenting radicular pain to shoulder girdle and/or upper extremity without concordant objective examination findings
 - Less than clinically meaningful improvement with at least **TWO** of the following unless contraindicated:
 - Prescription strength analgesics, steroids, and/or NSAIDs for 6 weeks
 - Provider-directed exercise program prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician for 6 weeks
 - Epidural steroid injection(s)/selective nerve root block(s)
 - Recent (within 6 months) MRI/CT identifies nerve root impingement caused by herniated disc(s) and/or osteophytes that is concordant with the patient's symptoms and physical examination findings
- ◆ Myelopathy when **ALL** of the following are met:
- Subjective symptoms including **ANY** of the following:
 - Upper/lower extremity weakness, numbness, or pain
 - Fine motor dysfunction (buttoning, handwriting, clumsiness of hands)
 - Gait disturbance
 - New-onset bowel or bladder dysfunction
 - Frequent falls
 - Objective physical examination findings including at least **TWO** of the following:
 - Grip and release test
 - Ataxic gait
 - Hyperreflexia
 - Hoffmann sign
 - Pathologic Babinski sign
 - Tandem walking test demonstrating ataxia
 - Inverted brachial radial reflex
 - Increased muscle tone or spasticity
 - Clonus
 - Myelopathic hand
 - Recent (within 6 months) MRI/CT findings that are concordant with the patient's symptoms and physical examination findings including **EITHER** of the following:
 - MRI/CT demonstrates cervical spinal cord compression
 - MRI/CT identifies cervical spinal stenosis

CMM-605.3: Repeat Cervical Microdiscectomy at the Same Level

Repeat cervical microdiscectomy at the same level is considered **medically necessary** when **ALL** of the following are met:

- Recent (within 6 months) post-operative MRI /CT confirms evidence of neural structure compression (e.g. either retained disc material or a recurrent disc herniation)
- Greater than 12 weeks since the initial primary cervical microdiscectomy
- Initial relief of symptoms following previous disc decompression procedure at the same level
- Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
- Performed for **EITHER** of the following conditions:
 - ◆ **Radiculopathy** when **ALL** of the following are met:
 - Subjective symptoms including **BOTH** of the following:
 - Significant level of pain on a daily basis defined as **EITHER** of the following:
 - Visual Analog Scale (VAS)/Numeric Rating Scale (NRS) as ≥ 7
 - Severe, disabling, crippling, or incapacitating pain
 - Unrelenting radicular pain to shoulder girdle and/or upper extremity resulting in disability
 - Objective physical examination findings including **ANY** of the following:
 - Dermatomal sensory deficit
 - Motor deficit (e.g. biceps, triceps weakness)
 - Reflex changes
 - Shoulder Abduction Relief Sign
 - Nerve root tension sign (e.g. Spurling's maneuver)
 - Unrelenting radicular pain to shoulder girdle and/or upper extremity without concordant objective physical examination findings
 - Less than clinically meaningful improvement with at least **TWO** of the following unless contraindicated:
 - Prescription strength analgesics, steroids, and/or NSAIDs for 6 weeks
 - Provider-directed exercise program prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician for 6 weeks
 - Epidural steroid injection(s)/selective nerve root block(s)
 - ◆ **Myelopathy** when **ALL** of the following are met:
 - Subjective symptoms including **ANY** of the following:
 - Upper/lower extremity weakness, numbness, or pain
 - Fine motor dysfunction (buttoning, handwriting, clumsiness of hands)
 - Gait disturbance
 - New-onset bowel or bladder dysfunction
 - Frequent falls
 - Objective physical examination findings including at least **TWO** of the following:

- Grip and release test
- Ataxic gait
- Hyperreflexia
- Hoffmann sign
- Pathologic Babinski sign
- Tandem walking test demonstrating ataxia
- Inverted brachial radial reflex
- Increased muscle tone or spasticity
- Clonus
- Myelopathic hand

CMM-605.4: Non-Indications

Not medically Necessary

- Cervical microdiscectomy for **ANY** of the following sole indications is considered **not medically necessary**:
 - ◆ Signs and symptoms with no correlation to imaging studies
 - ◆ Annular tears
 - ◆ Disc bulge with no neural impingement or cord compression on imaging
 - ◆ Concordant discography
 - ◆ MR Spectroscopy results
 - ◆ Degenerative disc disease

CMM-605.5: Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.	
CPT®	Code Description/Definition
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
+63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
+63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.	

CMM-605.6: References

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