

Evidence Discussion (CMM-613: Thoracic Decompression/Discectomy)

Risks of thoracic spine decompression/disc surgery include but are not limited to infection, neurovascular injury, persistent or incomplete relief of symptoms, possible need for more surgery, dural tear, pulmonary complications, neurologic injury and death. Complication rates range from 20-42% with variations depending upon the surgical approach. [1,2,3] Given the potential possibility for significant complications, proper patient selection is critical to minimize the risk benefit ratio. Symptoms, physical exam findings and imaging findings should support thoracic decompression/discectomy surgery. Subjective symptoms and examination findings need to be concordant with imaging as asymptomatic herniations on imaging are estimated to be 11-37% [2].

The majority of patients with thoracic disc herniations do not require surgery. [4] Symptomatic thoracic disc herniation represents only 0.1-3% of all herniations and the majority of symptomatic herniations can be successfully treated with conservative care. [6] Therefore, an initial course of non-operative care is warranted. However, the presence of an urgent/emergent condition (e.g. rapidly progressive findings of motor loss, infection, epidural hematoma) would obviate the need for conservative treatment.

In those patients who fail conservative management or those with neurological concern, success rates for thoracic disc procedures range from 53% - 100% depending upon the underlying pathology and surgical approach. [2, 5, 7]

Jackson et al. noted higher rates of postoperative complications and worse functional outcomes in patients with psychological disorders undergoing spinal surgery. [8] It was concluded that proper identification and treatment of these conditions prior to surgery may significantly improve many outcome measures in this population.

Although the use of any coverage criteria includes the possible risk of delayed care, EviCore firmly believes the benefits of our evidence based criteria best ensure patient safety and highly outweigh any clinical harms.

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