

A. Spine Treatment Comments

1. Incapacitating acute radicular pain from spinal disc pathology may be considered a valid reason to accelerate surgical intervention, if the diagnostic studies and the [objective radicular] nerve root physical examination deficits correlate. Incapacitating pain may include an inability to perform sedentary and/or personal care activities, inability to stand for over 5 minutes, interference with minimal functional activities despite treatment with higher doses of opioids, and Emergency Room visits for pain control.
2. Spinal fusions for cervical and lumbar degenerative disc disease are not most likely work related.
3. If the diagnosis is spinal degenerative disc disease, treatments longer than 12 weeks from the date of the first medical evaluation are not most likely work related.
4. The decision regarding a multilevel cervical fusion is multifactorial involving the distribution of pain, which could include more than one nerve root, as well as the severity of the radiographic findings at adjacent levels. If the radiographic findings demonstrate compression of nerves or the spinal cord at an adjacent level, the decision concerning a one or two level procedure should be left to the discretion of the operative surgeon.
5. In a patient with spondylolisthesis and acute discogenic lumbar radiculopathy at the same level (who is otherwise a candidate for surgery), fusion may be considered by the surgeon in addition to addressing the disc pathology.
6. Diagnostic [radiculopathy] criteria for C-4 (no motor or reflex) and C-8 (no reflex) are limited. After appropriate conservative treatment, surgical indications will primarily be related to correlation with the radicular pain distribution in a clear corresponding dermatomal distribution and the appropriate radiographic findings.
7. The option to use BMP in selected lumbar fusions should be restricted to the use only in complicated or re-fusions.