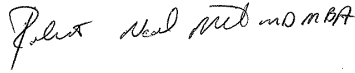


Origination Date: 3/04	Revision Date(s): 2/05, 2/06, 2/07, 3/08, 1/09, 4/09, 2/11
Developed By: Medical Criteria Committee	



Approved: **Robert Neal Mills, MD**

Date: 03/15/11

Description:

Degeneration of the intervertebral disc can result in herniation. The presence of pain, radiculopathy and other symptoms depends on the site and degree of herniation. The weak spot in a disc is directly under the nerve root, and a herniation in this area puts direct pressure on the nerve. Approximately 90% of disc herniations will occur at lumbar segments 4 and 5. In most cases, if a patient's back and/or leg pain is going to resolve it will do so within 6 weeks. While waiting to see if a disc will heal on its own, conservative treatment such as physical therapy, NSAIDS, oral steroids, or epidural injections can help reduce the pain. If the disc does not heal with conservative treatment, other treatment options such as nucleoplasty, chemonucleolysis, or lumbar discectomy may be considered.

Criteria:

- I. **Nucleoplasty:** is a percutaneous procedure utilizing both patented Coblation technology and coagulation of soft tissue for partial removal of the nucleus. Coblation ablates tissue via a low-temperature, molecular disassociation process to create small channels within the disc. A series of channels are created by advancing a catheter into the disc while ablating tissue. When the catheter is withdrawn, the channels are thermally treated, producing a zone of thermal-coagulation. Nucleoplasty is performed on an outpatient basis under local anesthesia with fluoroscopic guidance.

Nucleoplasty will be covered to plan limitations when **ALL** of the following criteria are met:

- A. Presence of a contained disc herniation; and
- B. Leg pain (with or without back pain) or radicular symptoms for greater than 3 months; and
- C. Failure of conservative therapy, including epidural steroid injections or selective nerve root blocks; and
- D. Discography positive for concordant pain; and
- E. Lack of malignancy or infection; and
- F. No medical contraindications

Exclusion criteria:

- A. Disc height < 50%
- B. Evidence of severe disc degeneration
- C. Spinal fracture or tumor
- D. Moderate/severe spinal stenosis

- II. **Chemonucleolysis:** is the injection of an enzyme into a bulging spinal disc, with the goal of reducing the disc's size. During chemonucleolysis, an enzyme called chymopapain is injected into the disc space where it alters the structure of the proteins in the nucleus pulposus and decreases the internal pressure of the disc. As a result, the bulging disc may shrink and relieve pressure on the nerve root. Chemonucleolysis is not commonly done in the United States, based on concern of risk of serious side effects.

- A. ODS does not cover chemonucleolysis. This is considered to be investigational technology. There is inadequate evidence as to the safety and effectiveness of chemonucleolysis.

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III. **Discectomy, Microdiscectomy, Percutaneous lumbar discectomy (PLD) and Laser-assisted disc decompression (LADD):** are spine surgeries that are typically performed to treat lumbar herniated discs. A discectomy, also called an open discectomy, is the surgical removal of herniated disc material that presses on a nerve root or the spinal cord. A microdiscectomy uses a special microscope to view the disc and nerves. The magnified view that the microscope provides, allows the surgeon to remove herniated disc material through a smaller incision. PLD is a surgical procedure performed for the resection of herniated lumbar disc material. It can be performed either manually or with an automated technique. LADD involves the use of a laser to vaporize a small portion of the nucleus pulposus in order to decompress a herniated disc.

Discectomy, microdiscectomy, PLD or LADD will be covered to plan limitations when **ALL** of the following criteria are met:

- A. Diagnostic studies show an uncomplicated contained herniated lumbar disc; and
- B. The patient is otherwise a candidate for open laminectomy; and
- C. The patient has failed at least 6 weeks of conservative therapy; and
- D. The patient must have clinical symptoms of radicular pain corresponding to the level of disc involvement; and
- E. The patient has had no previous surgery or chemonucleolysis of the disc to be treated

Information to be Submitted with Pre-Authorization Request:

- Treating physician records for the past 3 months
- Documentation of conservative therapies tried
- MRI, CT, or other diagnostic study report
- Discogram if applicable

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- Physician advisors