

## Review Criteria Georgia Region

DEPARTMENT	CRITERIA NUMBER	01-56
<b>QRM Guidelines for MD Use</b>		
SECTION	EFFECTIVE DATE	January 2021
<b>Guidelines for Reviewing</b>		
TITLE	REVIEW DATES	1/10/2022 2/21/2023
	REVISION DATE	July 2021
POLICY TYPE		PAGE NUMBER
<b>New</b>	<b>Reviewed</b>	<b>X Revised</b>

**Purpose:** This document helps to determine appropriate referrals for Orthopedic and Neurosurgery Spine Referrals for back pain, or common spine conditions. It does not include referral for emergent neurosurgery conditions with red flag symptoms, brain tumors, CNS bleeds, spinal tumors, trauma, or infections. It does not replace clinical judgment and expert opinion. In general, orthopedic and neurosurgery spine surgeons treat the same conditions. Our internal Orthopedic Surgery Department does not treat spine-related conditions.

**DIAGNOSIS/CONDITION:**

CPT-4/ HCPCS CODE AND DESCRIPTION: INDICATORS

**1.0 INDICATIONS-**

- Orthopedic Spine and Neurosurgical Spine Referrals pertain to the surgical management of conditions effecting the cervical, thoracic, and lumbosacral spine.
- Common diagnoses include but are not limited to cervical/thoracic/lumbar spinal stenosis, radiculopathy, disc herniation, degenerative disc disease, spondylosis, and spondylolisthesis.
- Referrals to Orthopedic Spine or Neurosurgery Spine are frequently approved for the following:
  - Previously approved referral from one of the pain management providers
  - Clinical symptoms, exam, and MRI or CT scan consistent with cauda equina needs an emergent evaluation.
  - Myelopathy (weakness, gait disturbance, hyperreflexia) **WITH** MRI or CT less than 3 months
  - Spinal Fracture (NOT vertebral compression fractures) **WITH** MRI or CT less than 3 months
    - Note, vertebral compression fractures rarely require surgery. Some patients may benefit from kyphoplasty or vertebroplasty (performed by External Interventional Radiology). Consider Pain Management Referral or Pain MD Advice for these patients.
  - Recent MRI or CT scan with a finding of **new** myelomalacia (spinal cord signal changes)
  - Spine surgeon request for post-operative follow-up
  - Discitis
  - Epidural or Spinal Hematoma
  - Hardware Fracture
  - Severe scoliosis **WITH** scoliosis films, less than 3 months

DEPARTMENT	CRITERIA NUMBER	01-56
<b>QUALITY RESOURCE MANAGEMENT</b>		
TITLE	PAGE NUMBER	Page 2 of 7

- For all other referrals to Orthopedic Spine or Neurosurgery Spine, **all** the following criteria must be met:
  - Back Pain Algorithm Followed (this algorithm also pertains to the cervical and thoracic spine)
  - Tried Physical Therapy in the last 6 months.
  - Plain Xray and MRI affected spine **required** (less 6 months old)
  - Current clinical symptoms and exam consistent with rapid progression of symptoms despite conservative treatment.
  - Concordant MRI findings
  - Failed trial of treatment with Pain Management in the last 3 months.
  - Requires approval of the COS of Pain Management, or their designee.

\*If referral does not meet above criteria, consider Pain MD Advice

\*\*Questions from QRM staff pertaining to referrals may be directed to the Pain Management Chief

\*\*\*Neurosurgery referrals from Neurology are approved by the Neurology Department Chief

#### **Indications for advanced imaging (cervical, thoracic, or lumbar MRI):**

- Evidence of spinal cord compression, epidural/spinal hematoma, or cauda equina syndrome.
- History of trauma associated with the cervical, thoracic, or lumbar pain.
- Suspicion of metastatic disease to the spine.
- Suspicion of spinal infections, such as osteomyelitis, discitis, or epidural abscess.
- The patient has persistent or progressive neurologic deficit.
- The patient has other concomitant disorders of the spine, including autoimmune conditions or developmental abnormalities.

#### **2.0 CONTRAINDICATIONS**

#### **3.0 VIEWS OF THE SOUTHEAST PERMANENTE MEDICAL GROUP:**

Referral to Orthopedic or Neurosurgery Spine Surgeons for back pain, neck pain without red flag signs, should meet above criteria including persistent symptoms for 6 weeks, failure of conservative therapy, i.e. medications, physical therapy, and pain management. Discussion with Pain Management Chief or designee may be indicated for complex cases including compression fractures, previous spine surgery to help determine if member needs Spine Surgeon consultation.

#### **4.0 VERSIONS:**

- The following are previous review/revision of this review criteria: N/A

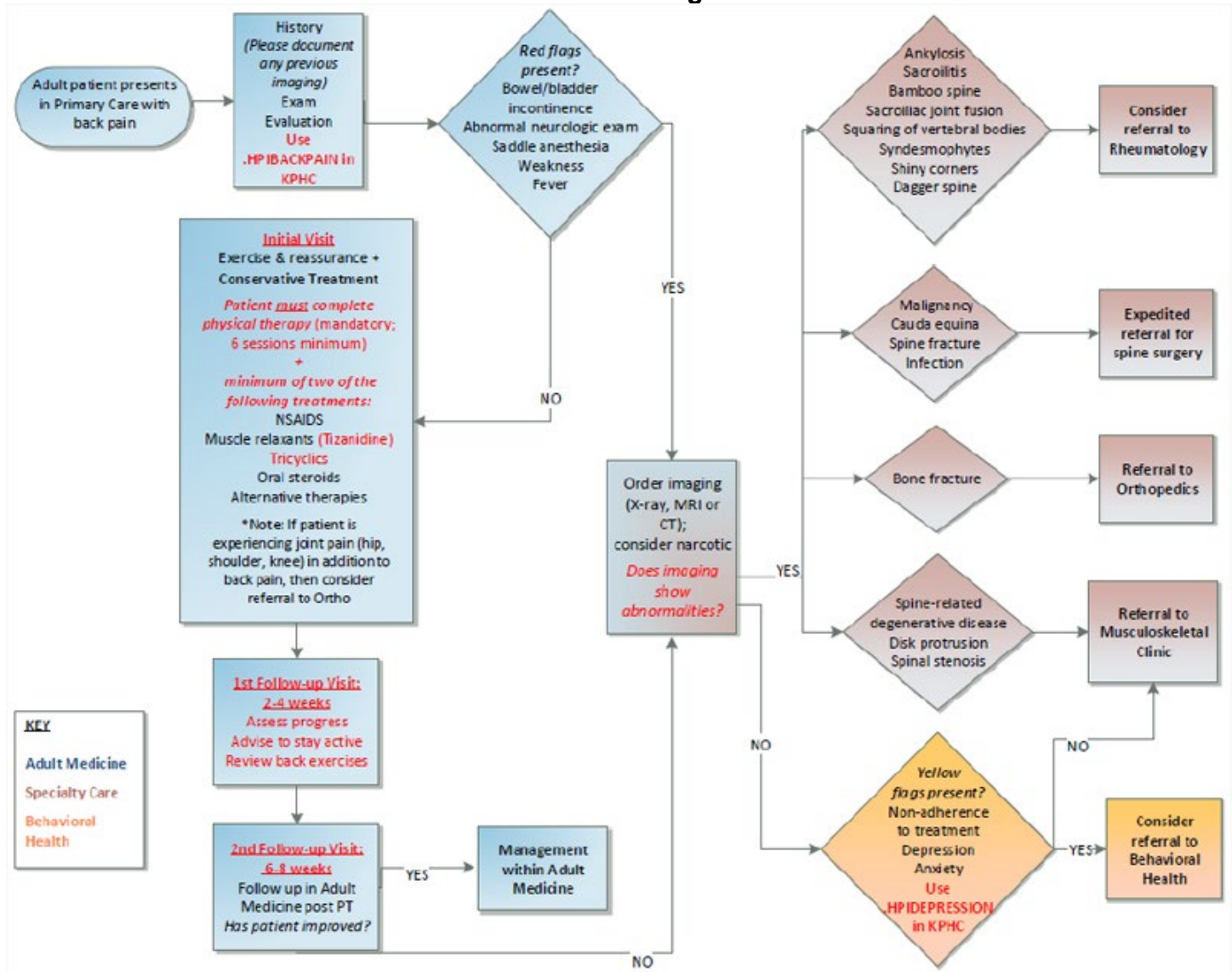
DEPARTMENT	CRITERIA NUMBER	01-56
<b>QUALITY RESOURCE MANAGEMENT</b>		
TITLE	PAGE NUMBER	Page 3 of 7

- The following is most recent review/revision:

- 5.0 REFERENCES:**

MCG 24<sup>th</sup> Ed. – **Low Back Pain and Lumbar Spine Conditions - Referral Management**  
 RMG: R-0056 (AC)

- TSPMG Clinical Practice Guidelines for Pain Management Referrals- November 2015**



DEPARTMENT  <b>QUALITY RESOURCE MANAGEMENT</b>	CRITERIA NUMBER	01-56
TITLE	PAGE NUMBER	Page 4 of 7

**Approval**

\_\_\_\_\_  
**Luke Beno, MD**  
**Physician Director, QRM**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

DEPARTMENT  <b>QUALITY RESOURCE MANAGEMENT</b>	CRITERIA NUMBER	01-56
TITLE	PAGE NUMBER	Page 5 of 7

DEPARTMENT	CRITERIA NUMBER	01-56
<b>QUALITY RESOURCE MANAGEMENT</b>		
TITLE	PAGE NUMBER	Page 6 of 7

DEPARTMENT  <b>QUALITY RESOURCE MANAGEMENT</b>	CRITERIA NUMBER	01-56
TITLE	PAGE NUMBER	Page 7 of 7