This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address cervical fusion, a procedure that joints two or more vertebrae in the neck to create a single, solid piece of bone. The procedure involves removing the disc between the vertebrae, placing a bone graft, and fusing the vertebrae together. The graft may be harvested from the patient or from a donor. Typical procedures involve a small incision in the front of the neck but may also be done through the back.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan will consider surgical cervical fusion as medically necessary for the decompression of symptomatic cervical nerve root impingement when the following are met:

1. Persistent or recurrent moderate or severe arm pain (rating of 4 or greater on the visual analog scale (VAS) or equivalent) present for a minimum of twelve (12) weeks within the current episode of arm pain with documented failure to respond to multimodal conservative management, as tolerated, in the absence of exceptional circumstances below, and
2. Nerve compression negatively impacting activities of daily living (ADLs), and
3. All other potential sources of pain/neurological deficit have been excluded, and
4. Imaging (magnetic resonance imaging (MRI) or computed tomography (CT)) evidence of central, lateral recess or foraminal stenosis at the level corresponding with clinical symptoms and including at least one (1) of the following:
   - Cervical degenerative disc disease as indicated by the presence of herniated nucleus pulposus, narrowing of the intervertebral disc, disc osteophytes, facet hypertrophy, and/or synovial cysts.
   - Tumors (primary or metastatic)
   - Post infection radiographic findings
   - Spinal instability as defined by subluxation or translation more than 3.5 mm on static lateral views or dynamic radiographs or sagittal plane angulation of more than eleven (11) degrees between adjacent

segments.

SECUR Health Plan considers isolated chronic axial cervical pain as not medically necessary for the decompression of symptomatic cervical nerve root impingement.

Exceptions to conservative therapy requirement for decompression of symptomatic cervical nerve root impingement include:

1. Concomitant myelopathy or myeloradiculopathy
   - Cervical myelopathy class III or above, or
   - Progression of neurological deficits during the trial of conservative treatment
2. Isolated radiculopathy
   - Presenting with progressive motor weakness, or
   - Significant motor weakness interfering with ADLs, or
   - Severe radicular pain defined as pain limiting ability to perform ADLs and greater than or equal to 7/10 on VAS or equivalent scale, and associated with confirmatory imaging (CT or MRI) and clinical radiological correlation
3. Loss of bowel and/or bladder control due to cervical spinal cord compression.

SECUR Health Plan will consider surgical cervical fusion for the decompression of symptomatic cervical canal stenosis as medically necessary for the following:

1. Persistent or recurrent moderate to severe arm pain (4 or more on the VAS or equivalent) present for a minimum of twelve (12) weeks within the episode of arm pain with documented failure to respond to multimodal conservative management, as tolerated, in the absence of exceptional circumstances below, or
2. Nerve compression negatively impacting ADLs, or
3. Spastic gait, loss of manual dexterity, problems with sphincter control, and
4. All other potential sources of pain/neurological deficit have been excluded, and
5. Imaging (MRI or CT) evidence of central stenosis at the level corresponding with clinical signs and symptoms and including at least one (1) of the following:
   - Cervical degenerative disc disease as indicated by the presence of herniated nucleus pulposus, narrowing of the intervertebral disc, disc osteophytes, facet hypertrophy, and/or synovial cysts
   - Congenital short pedicles
   - Tumors (primary and metastatic)
   - Post infection radiographic findings
   - Ossification of the posterior longitudinal ligament
   - Spinal instability as defined by subluxation or translation more than 3.5 mm on static lateral views or dynamic radiographs, or sagittal plane angulation of more than eleven (11) degrees between adjacent segments
   - Cord compression with or without increased cord signal

SECUR Health Plan considers isolated chronic axial cervical pain and asymptomatic myelopathy, regardless of severity on imaging findings, as not medically necessary for surgical cervical fusion for decompression of symptomatic cervical canal stenosis.

Exceptions to conservative therapy requirement for decompression of symptomatic cervical canal stenosis include:

1. Myelopathy

- Cervical myelopathy class III or above, or
- Progression of neurological deficits during the trial of conservative treatment

2. Radiculopathy
   - Presenting with progressive motor weakness, or
   - Significant motor weakness interfering with ADLs, or
   - Severe radicular pain defined as pain limiting ability to perform ADLs and greater than or equal to 7/10 on VAS or equivalent scale and associated with confirmatory imaging (CT or MRI) and clinical radiological correlation
3. Loss of bladder and/or bowel function due to cervical spinal cord compression

SECUR Health Plan considers cervical fusion surgery for the decompression or stabilization of the cervical spine as medically necessary for the following:

1. Traumatic injuries including fracture, dislocation, fracture-dislocation, or traumatic ligamentous disruption when:
   - Fracture or dislocation is likely to result in spinal instability without neurological deficit(s), or
   - Fracture or dislocation associated with neurological deficit(s) at the impacted level, or
   - Instability is present
2. Spinal tumors involving the spine or spinal canal when:
   - Malignant or benign tumors have caused instability or neurologic deficit where treatment of the tumor will likely require stabilization of the spine, or
   - Expected treatment of the tumor whether by chemotherapy or radiation therapy or surgery will likely cause spinal instability or neurological deficits, or
   - Instability is present
3. Infection involving the spine in the form of discitis, osteomyelitis, or epidural abscess when:
   - Imaging or other studies demonstrate infection, and
   - Imaging evidence of vertebral body destruction or documentation that spinal debridement will cause vertebral instability, or
   - Instability is present
4. Deformities that include the cervical spine including:
   - Cervical kyphosis associated with cord compression or Atlantoaxial (C1-C2) subluxation or Basilar invagination of the odontoid process into the foramen magnum, or Subaxial (C2-T1) instability kyphosis, head drop syndrome, post laminectomy deformity, or
   - Symptomatic pseudarthrosis with radiological demonstration of non-union of post fusion after twelve (12) months since fusion surgery or with radiographic evidence of hardware failure, or
   - Spinal instability after laminectomy, or
   - Rheumatoid arthritis with associated instability, or
   - Cervical degenerative spondylolisthesis with spinal instability, and substantial functional limitation is present or progression of deformity

SECUR Health Plan considers cervical fusion for the decompression or stabilization of the cervical spine as not medically necessary when all the criteria above have not been met.

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