

Clinical Authorization Pathway for Lumbar Decompression and Fusion with Instrumentation and Bone Graft with Partial Facetectomies



Clinical Summary

- **Primary Complaint:** Chronic back pain, daily unremitting, rated >7 out of 10
- **Associated Symptoms:** Neurogenic claudication, radicular pain
- **Physical Examination Findings:** Facet-Mediated Pain (Observed during flexion, extension, and sitting-to-standing transitions, indicating macro and micro instability), Neurological deficits.

Conservative Treatment History (Duration, at least 3 months)

- **Interventions:**
 - Prescription analgesics (NSAIDs, etc.) ≥ 6-week duration
 - Documented physical therapy or home-exercise program ≥ 2-month duration
 - Activity and lifestyle modifications
 - Pain management injections: epidurals, SNRB, facet joint injections or RF ablations
- **Outcome:** No improvement, with functional impairment affecting ability to perform ADLs.

Imaging Findings (Dated within last 12 months)

- **X-ray:**
 - **Spondylolisthesis (Grade 1 = 1-25%, Grade 2 = 26-50%) and**
 - **Instability:** At least 4mm sagittal shift on flexion-extension X-rays
- **MRI/CT:**
 - **Spinal stenosis:** Central, lateral recess, foraminal
 - **Nerve root impingement** caused by facet hypertrophy, spondylolisthesis, ligamentum flavum hypertrophy, herniated disc, osteophytes
 - **Degenerative Disc Disease:** Disc desiccation, loss of disc height, disc protrusion/herniation, irregular endplate, modic changes, osteophytes
 - **Spondylolisthesis**
 - **Facet degeneration:** Facet fluid, hypertrophy and facet tropism (Facet tropism > 6 degrees, indicating increased risk for facet instability and degenerative spondylolisthesis)

Recommendation

- Given the severity of patients' symptoms, diagnostic findings, and functional impairment, lumbar decompression and fusion with instrumentation, bone graft, and partial facetectomies is medically necessary.
- **Medical Necessity Rationale:** Addresses spinal stenosis with instability or spondylolisthesis by decompressing neural elements and stabilizing the spinal segment to improve the quality of life through a targeted, less-exposure treatment approach and prevent further progression.
- **Smoking Status:** Non-smoker or committed to 6-week cessation prior to planned surgery to reduce pseudoarthrosis risk.