



OHIO WORKERS' COMPENSATION LUMBAR FUSION SURGERY GUIDE

I. Lumbar fusion shall be considered only when a claimant engages in conservative care prior to requesting a lumbar fusion:

1. Did the claimant engage in 60 days of conservative care for the low back with an emphasis on: (1) physical reconditioning; (2) avoidance of opioids when possible; AND (3) the medical provider avoiding catastrophic explanation of lumbar MRI findings?

☐ Yes ☐ No

Please note, a conservative care plan may include, but is not limited to: (1) relative rest/ice/heat; (2) anti-inflammatories; (3) a pain management or physical medicine rehabilitation program; (4) chiropractic or osteopathic treatment; (5) physical medicine treatment to include physical therapy, physical rehabilitation program, and massage therapy; and/or (6) interventional spine procedures or injections.

If your answer to Question No. 1 is "NO," then the claimant shall not be considered for lumbar fusion surgery. If your answer to Question No. 1 above is "YES," please proceed forward.

2. In order to waive the 60 day conservative care requirement under Question No. 1 above to be considered for lumbar fusion surgery, does the claimant have any evidence of the following: (1) progressive functional neurological deficits; (2) a spinal fracture; (3) a tumor; (4) an infection; (5) emergency treatment/trauma care; and/or (6) another catastrophic spinal pathology that is causally related to the allowed conditions in the claim?

☐ Yes ☐ No

If your answer to Question No. 2 above is "YES," then the 60 day conservative trial period may be waived. If your answer to Question No. 2 above is "NO," then the 60 day conservative timeframe cannot be waived and proceed to Question No. 3.

3. Has the operating surgeon requesting the lumbar fusion personally evaluated the claimant on at least two occasions PRIOR TO requesting authorization for the lumbar fusion surgery?

☐ Yes ☐ No

If your answer to Question No. 3 is "YES," then proceed forward. If your answer to Question No. 3 is "NO," then the claimant has not satisfied the necessary criteria and cannot be considered for lumbar fusion surgery.

4. Has the injured worker undergone a comprehensive evaluation that has been recorded by BOTH the injured worker's physician of record and the operating surgeon in which ALL of the following have been documented: (1) utilizing and correlating the visual analog scale (VAS), a pain diagram, and the Oswestry low back disability questionnaire; (2) a comprehensive orthopedic/ neurological examination documenting the following: gait, spine deformities, ranges of motion and palpation, hips and sacroiliac joint, motor, sensation, reflexes, and upper motor neuron signs; (3) diagnostic testing that must be performed to include lumbar flexion/extension x-rays, a lumbar MRI, or a lumbar CT scan with or without myelography; (4) diagnostic testing to include an EMG/NCV study if



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questions still remain during surgical planning; (5) a discussion and consideration of opportunities for vocational rehabilitation; (6) a review of current and previous medications taken and if an opioid management is in process, a review for best practices and giving consideration to the impact of surgery on the opioid load; (7) a health behavioral assessment done pre-surgically to look at biopsychosocial factors that may affect the treatment of the injured worker's allowed lumbar conditions that are considered modifiable conditions that may change the need for surgery or improved surgical outcomes if appropriately addressed and these must be addressed if this is identified in the assessment; (8) accounting and assessing for comorbidities to include smoking, body mass index, diabetes, coronary artery disease, or peripheral vascular disease – all of which are considered modifiable conditions and may improve surgical outcomes if appropriately addressed and identified in the assessment; AND (9) everyone, including the injured worker, the physician of record, and the operating surgeon must review and sign the BWC educational document on lumbar fusion surgery, "What BWC wants you to know about Lumbar Fusion Surgery."

☐ Yes ☐ No

If your answer to Question No. 4 is "YES," please proceed forward. If your answer to Question No. 4 is "NO," then the claimant shall not be considered for lumbar fusion surgery.

II. Authorization for lumbar fusion surgery where the claimant has no prior history of a lumbar surgery.

Only after the claimant has satisfied all of the "YES" boxes above from Section I and is satisfied that he/she has engaged in the prerequisite conservative therapy, can he/she be considered eligible for a lumbar fusion surgery. (Please note that if the claimant met one of the criteria to waive the 60-day period then he/she can be considered for lumbar fusion surgery under this Section). Only after meeting the criteria, and when the claimant remains highly functionally impaired, can there be an approval for lumbar fusion surgery **when at least one or more of the following criteria are MET:**

1. Mechanical low back pain with instability of the lumbar segment and no history of lumbar surgery.

☐ Yes ☐ No

2. Spondylolisthesis of 25% or more with a finding of one of the following three or more: (i) objective signs/symptoms of neurogenic claudication; (ii) objective signs/symptoms of unilateral or bilateral radiculopathy, which are corroborated by neurologic examination AND by MRI or CT scan (with or without myelography); and/or (iii) instability of the lumbar segment.

☐ Yes ☐ No

3. Lumbar radiculopathy with stenosis and bilateral spondylolysis.
- ☐ Yes ☐ No
4. Lumbar stenosis necessitating decompression in which facetectomy of greater than or equal to 50% or more is required.
- ☐ Yes ☐ No
5. Primary neurogenic claudication and/or radiculopathy associated with lumbar spinal stenosis in conjunction with spondylolisthesis or lateral translation of 3mm or greater or bilateral PARS defect.
- ☐ Yes ☐ No
6. Degenerative disc disease associated with significant instability of the lumbar segment.
- ☐ Yes ☐ No
7. Spinal stenosis, disc herniation, or other neural compressive lesion requiring extensive, radical decompression with removal of greater than 50% of the total facet volume at the associated level – the surgeon MUST document why the surgical lesion would require radical decompression through the PARS interarticularis (critical stenosis, recurrent stenosis with extensive scarring, far lateral lesion).
- ☐ Yes ☐ No

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Please note that instability of the lumbar segment is defined as at least 4mm of anterior/posterior translation at L3-4 and L4-5, or 5mm of translation at L5-S1, or 11 degrees greater endplate angular change at a single level compared to an adjacent level.

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If you are able to check “YES” to any of the above seven categories, then the claimant is eligible for lumbar fusion surgery without any prior history of lumbar surgery. If you checked “NO” to ALL of the above seven boxes, then the claimant is NOT eligible for lumbar fusion surgery.

III. Request for lumbar fusion surgery where the injured worker has a prior history of lumbar surgery:

If the claimant has completed the required 60 days of conservative care under Section I above and this has failed to relieve symptoms and the injured worker has a prior history of a prior laminectomy, discectomy, or other decompressive procedure at the SAME level, then a lumbar fusion surgery can be considered. Please note, the lumbar fusion surgery can only be considered after the claimant has met all of the necessary criteria under the conservative treatment plan. (Please note that if the claimant met one of the criteria to waive the 60-day period then he/she can be considered for lumbar fusion surgery under this Section). The claimant can, therefore, become a candidate for a lumbar fusion surgery **if he/she meets one or more of the following:**

1. Mechanical (non-radicular) low back pain with instability at the same or adjacent levels.
☐ Yes ☐ No
2. Mechanical (non-radicular) low back pain with pseudospondylolisthesis, rotational deformity, or other condition leading to a progressive measureable deformity.
☐ Yes ☐ No
3. Objective signs/symptoms of compatible with neurogenic claudication or lumbar radiculopathy that is supported by EMG/NCS study, lumbar MRI, or CT scan and detailed by a clinical neurological examination in the presence of instability of 3mm lateral translation with at least two prior decompression surgeries at the same level.
☐ Yes ☐ No
4. Evidence from post-laminectomy structural study of either a 100% loss of facet surface area unilaterally, or 50% combined loss of facet surface area bilaterally.
☐ Yes ☐ No
5. Documented pseudoarthrosis or non-union with or without failed hardware, in the absence of other neural compressive lesion.

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PLEASE NOTE: instability of a lumbar segment is defined as at least 4mm of anterior/posterior translation at L3-4 and L4-5, or 5mm of translation at L5-S1, or 11 degrees greater endplate angular change at a single level compared to an adjacent level.

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If you answered “YES” to one or more of the above five questions, then the claimant is eligible for lumbar fusion surgery in the face of prior lumbar surgery. If you answered “NO” to ALL of the above five categories, then the claimant is not eligible for lumbar fusion surgery when there was a prior lumbar surgery.

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