

Health Technology Clinical Committee Findings and Decision

Topic: Lumbar Fusion for Degenerative Disc Disease

Meeting Date: November 20, 2015

Final Adoption: January 15, 2016

Meeting materials and transcript are available on the HTA website:

www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx

Number and Coverage Topic:

20151120A – Lumbar Fusion for Degenerative Disc Disease

HTCC Coverage Determination:

Lumbar fusion for degenerative disc disease uncomplicated by comorbidities is **not a covered benefit**.

The population addressed in this decision includes individuals > 17 years of age with chronic (3 or more months) lumbar pain and uncomplicated degenerative disc disease; excluded conditions include radiculopathy, spondylolisthesis (> Grade 1) or severe spinal stenosis, as well as acute trauma or systemic disease affecting the lumbar spine (e.g., malignancy).

HTCC Reimbursement Determination:

Limitations of Coverage: N/A

Non-Covered Indicators: N/A

Agency Contact Information:

| Agency | Phone Number |
|------------------------------|----------------|
| Labor and Industries | 1-800-547-8367 |
| Public Employees Health Plan | 1-800-200-1004 |
| Washington State Medicaid | 1-800-562-3022 |

HTCC Coverage Vote and Formal Action

Committee Decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee concluded that the current evidence on lumbar fusion is sufficient to make a determination and that there is new evidence available since the original, 2007 determination on this topic. The committee discussed and voted on the evidence of lumbar fusion for degenerative disc disease compared to non-invasive alternative treatments including intensive and minimal options. The committee considered the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to not cover lumbar fusion for patients >17 years of age with chronic (≥ 3 months) lumbar pain and uncomplicated degenerative disc disease.

| | Not Covered | Covered Under Certain Conditions | Covered Unconditionally |
|-----------------------|--------------------|---|--------------------------------|
| Lumbar Fusion for DDD | 10 | 1 | 0 |

Discussion

The committee discussed the meaning of “uncomplicated degenerative disc disease” for this review and noted, for the record, that the population addressed in this decision includes individuals > 17 years of age with chronic (3 or more months) lumbar pain and uncomplicated degenerative disc disease; excluded conditions include radiculopathy, spondylolisthesis (> Grade 1) or severe spinal stenosis, as well as acute trauma or systemic disease affecting the lumbar spine (e.g., malignancy).

Limitations

N/A

Action

The committee checked for availability of a Medicare national coverage decision (NCD). There is no NCD for lumbar fusion for degenerative disc disease.

The committee discussed clinical guidelines identified for Lumbar Fusion including guidelines from the following organizations:

- American Association of Neurological Surgeons (AANS) (2014)
- American Pain Society (APS) (2009)
- Dr. Robert Bree Collaborative (2014)
- International Society for the Advancement of Spine Surgery (ISASS) (2015)
- National Institute for Health Care and Excellence (NICE) (2009)
- North American Spine Society (2014)
- Washington State Department of Labor and Industries (2009)

The chair noted differences between the committee determination and some of the guidelines. The following reasons for the differences were cited by the committee: availability of information not

considered in some guidelines; committee consideration of the long-term follow-up data in studies; concerns with potential adverse effects from surgery; and concerns about cost-effectiveness of surgery versus non-invasive alternatives. The committee determination agreed with some of the guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on lumbar fusion for degenerative disc disease reflective of the majority vote for final approval at the next public meeting.

Health Technology Clinical Committee Authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.