

## Health Technology Clinical Committee Findings and Decision

**Topic:** Surgery for lumbar radiculopathy/ sciatica

**Meeting date:** May 18, 2018

**Final adoption:** July 13, 2018

[Meeting materials](#) are available on the HTA website.

### Number and coverage topic:

**20180518A** - Surgery for lumbar radiculopathy/ sciatica

### HTCC coverage determination:

Surgery for lumbar radiculopathy or sciatica is a **covered benefit with conditions**.

### HTCC reimbursement determination:

#### Limitations of coverage:

Open discectomy or microdiscectomy with or without endoscopy (lumbar laminectomy, laminotomy, discectomy, foraminotomy) are covered with the following conditions:

- For adult patients with lumbar radiculopathy with subjective and objective neurologic findings that are corroborated with an advanced imaging test (i.e., Computed Tomography (CT) scan, Magnetic Resonance Imaging (MRI) or myelogram), AND
- There is a failure to improve with a minimum of six weeks of non-surgical care, unless progressive motor weakness is present

#### Non-covered indicators:

Minimally invasive procedures that do not include laminectomy, laminotomy, or foraminotomy including but not limited to energy ablation techniques, Automated Percutaneous Lumbar Discectomy (APLD), percutaneous laser, nucleoplasty, etc. are not covered.

### 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

**FINAL**

**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 also determined that current evidence is sufficient to make a determination on this topic.

The committee concluded that the current evidence on surgery for lumbar radiculopathy/ sciatica should be considered and voted on by separate procedure type: open procedures, microdiscectomy procedures and procedures that do not include laminectomy, laminotomy or foraminotomy. The committee discussed and voted separately on the evidence for use of these procedures by type. 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 cover with conditions open discectomy and microdiscectomy, with or without endoscopy. This includes lumbar laminectomy, laminotomy, discectomy, foraminotomy. Separately, the committee voted to not cover minimally invasive procedures that do not include laminectomy, laminotomy, or foraminotomy including, but not limited to, energy ablation techniques, Automated Percutaneous Lumbar Discectomy (APLD), percutaneous laser, and nucleoplasty.

	Not covered	Covered under certain conditions	Covered unconditionally
Open procedures	1	8	0
Microdiscectomy surgical procedures	1	8	0
Minimally invasive procedures	8	1	0

***Discussion***

The committee reviewed and discussed the available studies of surgical treatment for lumbar radiculopathy. Details of study design, inclusion criteria and other factors affecting study quality were discussed and considered. A majority of committee members found the evidence sufficient to determine that select open and micro-procedures for lumbar radiculopathy were equivalent for safety and equivalent for effectiveness compared to alternatives, and less than sufficient or unproven for cost-effectiveness. For minimally invasive techniques that do not include laminectomy, laminotomy or foraminotomy a majority found the evidence to be unproven for efficacy, safety and cost-effectiveness. Based on the information reviewed and considered the committee identified conditions for coverage. A majority of the committee voted to cover with conditions surgery for lumbar radiculopathy/ sciatica.

***Limitations***

Open discectomy and microdiscectomy with or without endoscopy (lumbar laminectomy, laminotomy, discectomy, foraminotomy) are covered with conditions:

- Adult patients with lumbar radiculopathy with subjective and objective neurologic findings that are corroborated with an advanced imaging test (CT scan, MRI or myelogram), AND

- Failure to improve with minimum of six weeks of non-surgical care unless progressive motor weakness is present.

Not covered - Minimally invasive procedures that do not include laminectomy, laminotomy, or foraminotomy including, but not limited to, energy ablation techniques, APLD, percutaneous laser, nucleoplasty, etc.

### **Action**

The committee checked for availability of a Medicare national coverage decision (NCD). Medicare does not have an NCD for open standard or microsurgical decompressive procedures.

The committee discussed clinical guidelines identified for surgery for lumbar radiculopathy/ sciatica from the following organizations:

- Low back pain and sciatica in over 16s: assessment and management-Invasive treatments; National Institute for Health and Care Excellence (NICE) 2016.
- Clinical Guidelines for Diagnosis and Treatment of Lumbar Disc Herniation with Radiculopathy; North American Spine Society (2012).
- Interventional Therapies, Surgery, and Interdisciplinary Rehabilitation for Low Back Pain; American Society of Interventional Pain Physicians (2013).
- Low back disorders. In occupational medicine practice guidelines: evaluation and management of common health problems and functional recovery in workers; American College of Occupational and Environmental Medicine (2016).
- Percutaneous transforaminal endoscopic lumbar discectomy for sciatica: Interventional procedures guidance (2016).
- Percutaneous interlaminar endoscopic lumbar discectomy for sciatica: Interventional procedures guidance (2016).
- Percutaneous coblation of the intervertebral disc for low back pain and sciatica: Interventional procedures guidance (2016).
- Percutaneous electrothermal treatment of the intervertebral disc annulus for low back pain and sciatica: Interventional procedures guidance (2016).
- Percutaneous intradiscal radiofrequency treatment of the intervertebral disc nucleus for low back pain: Interventional procedures guidance (2016).
- Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica: Interventional procedures guidance (2016).
- Percutaneous intradiscal laser ablation in the lumbar spine: Interventional guidance (2010).
- Automated percutaneous mechanical lumbar discectomy: Interventional procedures guidance (2005).
- Endoscopic laser foraminoplasty: Interventional procedures guidance (2003).

The committee's determinations are consistent with these guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on surgery for lumbar radiculopathy/ sciatica for public comment; followed by consideration 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.