

I. Review Criteria for Entrapment of a Single Lumbar Nerve Root

A request may be appropriate for	If the patient has	AND the diagnosis is supported by these clinical findings:			AND this has been done
Surgical Procedure	Diagnosis	Subjective	Objective	Imaging	Non-operative care
LUMBAR: LAMINECTOMY, LAMINOTOMY, DISCECTOMY, MICRO- DISCECTOMY, FORAMINOTOMY * Requests for authorization to treat lateral or central spinal stenosis not accompanied by nerve root entrapment or the necessity of arthrodesis will be reviewed by a Physician Adviser.	Nerve Root Entrapment	Sensory symptoms in dermatomal distribution may include: Radiating pain, burning, numbness, tingling or paresthesia of lower extremity level of nerve root	Dermatomal sensory deficit OR Motor deficit (e.g., foot drop or quadriceps weakness) OR Reflex changes OR Positive EMG	Abnormal test results that correlate with the involvement consistent with subjective and objective findings Tests include: CT Scan OR MRI OR Myelogram	At least six weeks of care unless progressive motor weakness is present Care examples: -Physical therapy -Non-steroidal anti-inflammatory agents -Traction

The criteria for procedure allowance was updated based on the statutory Health Technology Clinical Committee (HTCC) decision. The decision can be found at <https://www.hca.wa.gov/about-hca/health-technology-assessment/health-technology-reviews>