

<b>Subject: Lumbar Spine CT (72131, 72132, 72133)</b>		<b>Original Effective Date: 9/19/2017</b>
<b>Policy Number: MCR: 618</b>	<b>Revision Date(s): 11/15/18</b>	
<b>Review Date: 9/19/2017, 12/13/18</b>		

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**DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL**

**A Lumbosacral Spine CT**

**RECOMMENDATIONS**

For most clinical indications, MRI is the preferred modality for imaging the spine and its related conditions. CT provides excellent bony details and is superior at evaluating spine fractures. CT imaging is also performed when MRI imaging is contraindicated.

**Chronic Pain:**

- Evaluation of chronic pain with recent documented (ending within the last 6 months) trial of conservative therapy for 6 weeks. \*Conservative care consists of inactive treatments such as anti-inflammatory medications, activity modification, bracing, icing, etc. plus active treatments such as one of the following:
  - Physical therapy
  - Chiropractic therapy
  - Provider supervised home exercise program
- Worsening pain or symptom progression during the course of conservative treatments

**Abnormal Neurologic Findings**

- Weakness, abnormal reflexes, or dermatomal sensory change documented on physical exam

- Bowel or bladder dysfunction (decreased anal sphincter tone, or urinary issues (not due to stress incontinence or other female related urinary issues))
- Saddle anesthesia
- Abnormal electromyography (EMG) or nerve conduction study (NCS) findings indicating a lumbar spine abnormality
- Atrophy of related muscles
- Neurogenic claudication (pseudoclaudication) only if x-ray shows significant lumbar spinal stenosis AND intervention is considered.
- Scoliosis, when ordered by orthopedist or neurosurgeon and age of patient and severity of scoliosis on x-ray indicate bracing or surgery may be provided.

### **Known or Suspected Tumor or Mass**

- Initial evaluation of a recently diagnosed cancer
- Follow up of a known tumor or mass after completion of treatment or with new signs/symptoms
- Surveillance of a known tumor or mass according to accepted clinical standards.
- Severe bone pain with history of cancer
- Positive bone scan and/or x-rays suggestive for bone cancer (primary or metastatic)

### **Trauma**

- Blunt trauma to the spine with any abnormal neurological findings described above
- Failure to respond to a 6 week trial of \*conservative care
- Worsening pain or symptom progression during the course of \*conservative treatments
- For evaluation of spinal fractures

### **Spine Issues Related to Immune System Suppression**

- Evaluation of spine abnormalities related to immune system suppression, e.g. HIV, chemotherapy, leukemia, or lymphoma.

### **Spine Issues Related to Infection or Other Inflammatory Process**

- Suspected infection, abscess, or inflammatory disease with fever, abnormal signs, symptoms, lab tests or other imaging findings.

### **Pre/Post Procedural**

- Pre-operative evaluation when surgery is planned on lumbar spine
- Post-operative for routine recommended follow up or for potential post-operative complications.
- A repeat study may be needed to help evaluate a patient's progress after treatment procedure intervention or surgery. The reason for the repeat study and that it will affect care must be clear.

### **Congenital Conditions**

- Sacral dimples suspicious for dysraphism because of skin lesions such as hairy patches, sacral lipomas, hemangioma, dimple larger than 0.5 cm, or distance greater than 2.5 cm from anal verge.
- Known spinal dysraphism or spina bifida which needs follow-up.
- Possible tethered cord

### **Other**

- Suspected Ankylosing Spondylitis-with sacral iliac pain, high ESR or C-reactive protein, + HLA-B27, or indeterminate x-ray result.
- Known or suspected spinal vascular lesion/malformation
- For CT myelogram or discogram

**ADDITIONAL INFORMATION**

The above medical necessity recommendations are used to determine the best diagnostic study based on a patient’s specific clinical circumstances. The recommendations were developed using evidence based studies and current accepted clinical practices. Medical necessity will be determined using a combination of these recommendations as well as the patient’s individual clinical or social circumstances.

- Tests that will not change treatment plans should not be recommended.
- Same or similar tests recently completed need a specific reason for repeat imaging.

**REFERENCES USED FOR DETERMINATIONS**

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CPT	Description
72131	CT (Computed Tomography) Lumbar Spine without contrast)

72132	CT (Computed Tomography) Lumbar Spine with contrast)
72133	CT (Computed Tomography) Lumbar Spine without and with contrast)