

**PROVIDER BULLETIN: 09-05**

**Title: Acute Cauda Equina Syndrome (CES) Medical Treatment Guideline - Updated**

**To: From: (Contact)**

ARNPs  
Chiropractors  
Clinics  
Medical Physicians  
Naturopathic Physicians  
Osteopathic Physicians  
Physician Assistants  
Self-insured Employers

Simone P. Javaher BSN MPA  
Office of the Medical Director  
Labor and Industries  
Olympia, WA  
Phone: 360-902-5762  
Email: [stil235@lni.wa.gov](mailto:stil235@lni.wa.gov)

Provider Hotline 1-800-848-0811 or  
from Olympia 902-6500

**Affects:**  State Fund claims  Self-Insured claims  
 Crime Victims Compensation Program  All locations

**Effective Date:** August 1, 2009      **Removal from Web Date:** July 1, 2011

Provider Bulletins are temporary communications to announce changes to rule, law, policy, coverage decision or programs. For access to **updated** and complete information to this rule/coverage decision/policy etc., please visit:

<http://www.lni.wa.gov/ClaimsIns/Files/OMD/CESGuidelineFinal.pdf>

## Purpose

This bulletin provides notice of an updated medical treatment guideline for Acute Cauda Equina Syndrome (CES). This updated guideline is effective on August 1, 2009 and replaces the Cauda Equina Guideline the Department issued in 1991. Only highlights and the summary are presented here. The complete updated guideline is posted at:

<http://www.lni.wa.gov/ClaimsIns/Files/OMD/CESGuidelineFinal.pdf>

The guideline is an educational resource for providers who treat injured workers in the Washington workers' compensation system under Title 51 RCW. It also defines review criteria for claim managers, occupational nurses, and the department's utilization review staff to help ensure diagnosis and treatment of cauda equina syndrome is of the highest quality.

## Guideline Highlights of Changes

Added:

- New section on work-relatedness
- New information on making an accurate diagnosis
- Section on conservative treatment
- More information on surgical treatment
- Updated review criteria
- Most recent scientific literature references

## Background

This guideline was developed in 2009 by Washington State's Labor and Industries' Industrial Insurance Medical Advisory Committee (IIMAC). It was developed using the weight of the best available clinical and scientific evidence from a systematic review of the literature.

CES is a surgical emergency, and there are no high quality clinical or scientific studies regarding this condition. This guideline summarizes information from the available medical literature and expert clinical opinion to help physicians make an accurate diagnosis quickly and deliver the appropriate care as soon as possible.

**The contents of the complete guideline include:**

- I. Introduction
- II. Establishing Work-Relatedness
- III. Making the Diagnosis
  - A. Symptoms and Signs
  - B. Diagnostic Tests
- IV. Treatment
  - A. Conservative Treatment
  - B. Surgical Treatment
- V. Guideline Summary

## Guideline Summary

Review Criteria for the Diagnosis and Treatment of Acute Cauda Equina Syndrome			
SURGICAL PROCEDURE	CONSERVATIVE CARE	CLINICAL FINDINGS	
		SUBJECTIVE	OBJECTIVE
Lumbar decompression at the earliest safe opportunity	Conservative care alone is rarely indicated	Partial or complete loss of bowel and/or bladder function (incontinence or retention not otherwise explained)  <b>AND/OR</b>  Acute low back pain  <b>AND/OR</b>  Bilateral/unilateral sciatica  <b>AND/OR</b>  Sexual dysfunction	Diminished or absent anal sphincter tone  <b>AND/OR</b>  Saddle anesthesia  <b>AND/OR</b>  Numbness and/or weakness involving both legs or multiple nerve roots in one leg  <b>AND/OR</b>  Urinary retention, incontinence, and / or patulous anus  <b>AND/OR</b>  Reduced or absent bulbo-cavernosus reflex or anal wink  <b>AND/OR</b>  Gait disturbances
		AND	AND

A radiographic study demonstrates that a lesion with mass effect on the cauda equina is present in the spinal canal, compressing multiple lumbo-sacral nerve roots (usually large mass effect).

Lumbar MRI is the diagnostic procedure of choice.

CT or CT myelography may provide useful information, especially when MRI cannot be done or is limited by hardware artifact

## All Requests for Surgery due to Acute Cauda Equina Syndrome Require Prior Authorization\*

How to request prior authorization for surgery:

### For State Fund Claims

All requests are reviewed by L&I's utilization review (UR) vendor (Qualis). \*Due to the emergency nature of cauda equina syndrome, the provider should notify Qualis as soon as it is feasible, ideally within 24 hours of admission. The authorization request can be reviewed concurrently with the admission or retrospectively after discharge.

To request a review for an inpatient hospitalization or an outpatient procedure that requires UR, please contact Qualis Health in any of the following ways:

- **Web:** Qualis Health's preferred method for receiving UR requests is via a secure, Internet application called iExchange. For more information or to schedule a training session, please go to the Qualis Health web page at [http://www.qualishealth.org/cm/washington-landi/web-based\\_um\\_request.cfm](http://www.qualishealth.org/cm/washington-landi/web-based_um_request.cfm).
- **Phone:** 800-541-2894 (toll free) or 206-366-3360
- **Fax:** 877-665-0383 (toll free) or 206-366-3378

### For Self-Insured Claims

Contact the self-insured employer (SIE) or their third party administrator (TPA) to request authorization. For a list of SIE/TPAs, go to:

<http://www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/FindEmps/Default.asp>

### For Crime Victims

To request a review for an inpatient hospitalization or an outpatient procedure that requires UR, please contact the Crime Victims' Compensation Program's Claim Manager by:

- **Phone:** 800-762-3716 (toll free)
- **Fax:** 360-902-5333

Additional information is available at: [www.CrimeVictims.Lni.wa.gov](http://www.CrimeVictims.Lni.wa.gov)

Copyright information: Many *Provider Bulletins* contain CPT codes. CPT five-digit codes, descriptions, and other data only are copyright 2008 American Medical Association. All Right Reserved. No fee schedules, basic units, relative values or related listings are included in CPT. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained or not contained herein.

CPT Codes and descriptions only are copyright 2008 American Medical Association.