

## 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
<p>LUMBAR: LAMINECTOMY, LAMINOTOMY, DISCECTOMY, MICRO- DISCECTOMY, FORAMINOTOMY</p> <p>* 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.</p>	<p>Nerve Root Entrapment</p>	<p>Sensory symptoms in dermatomal distribution may include: Radiating pain, burning, numbness, tingling or paresthesia of lower extremity level of nerve root</p>	<p>Dermatomal sensory deficit</p> <p>OR</p> <p>Motor deficit (e.g., foot drop or quadriceps weakness)</p> <p>OR</p> <p>Reflex changes</p> <p>OR</p> <p>Positive EMG</p>	<p>Abnormal test results that correlate with the involvement consistent with subjective and objective findings</p> <p>Tests include:</p> <p>CT Scan</p> <p>OR</p> <p>MRI</p> <p>OR</p> <p>Myelogram</p>	<p>At least six weeks of care unless progressive motor weakness is present</p> <p>Care examples: -Physical therapy -Non-steroidal anti-inflammatory agents -Traction</p>

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>