

Kyphoplasty LCD

Must meet all criteria:

1. Acute (less than 6 weeks) or subacute (6-12 weeks) based on symptom onset and documented by advanced imaging with evidence of bone marrow edema
2. The patient is symptomatic with pain greater than 5/10, with one of the following:
 1. worsening pain
 2. Greater than 25% vertebral body height loss
 3. kyphotic deformity
 4. Roland Morris Disability Questionnaire greater than 17

If osteoporotic, must make arrangements for treatment of osteoporosis

Sample Note for Procedure Approval

The patient has an (acute/subacute) compression fracture at ***.

Advanced imaging was last performed ***, *** and demonstrates ongoing bone marrow edema. The patient is symptomatic with severe limitation in mobility and activities of daily living due to a greater than 3-week history of significant axial pain.

The pain is worsened with activity and is related to movement, leading to a reluctance to move.

Patient has risk factors for vertebral body compression fractures including ***.

***A referral to the osteoporosis clinic has been placed.

The patient has failed nonsurgical management in the form of bed rest, oral analgesics including ***, and bracing.

The patient continues to have a VAS greater than 5/10 despite conservative treatment. Their Roland Morris Disability Questionnaire is ***.

Due to the patient's persistent, severe debility and severe pain secondary to the compression fracture, we have discussed a kyphoplasty at ***.

There is no evidence of osteomyelitis, discitis or active infection.

There are no relative contraindications present.

We have opted for a minimally invasive modality given the failure of conservative management. The goal of this treatment is to restore mobility, reduce pain and minimize the incidence of future fractures.

The patient understands the elective nature of this procedure.

The patient is aware of the risks associated with the surgery which include cement embolization, trocar excursion outside of the vertebral body into vascular structures or the spinal canal.

Patient understands that the alternative to this treatment is continued conservative management.

Given the patient's declining daily function, we will pursue kyphoplasty at the affected levels. We will do this with a general anesthesia.