



**STATE OF TENNESSEE**  
**BUREAU OF WORKERS' COMPENSATION**  
**DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**  
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**Spine Treatment Comments:**

1. Incapacitating acute radicular pain from spinal disc pathology may be considered a valid reason to accelerate surgical intervention, if the diagnostic studies and the [objective radicular] nerve root physical examination deficits correlate. Incapacitating pain may include an inability to perform sedentary and/or personal care activities, inability to stand for over 5 minutes, interference with minimal functional activities despite treatment with higher doses of opioids, and Emergency Room visits for pain control.
2. Spinal fusions for cervical and lumbar degenerative disc disease are not most likely work related.
3. If the diagnosis is spinal degenerative disc disease, treatments longer than 12 weeks from the date of the first medical evaluation are not most likely work related.
4. The decision regarding a multilevel cervical fusion is multifactorial involving the distribution of pain, which could include more than one nerve root, as well as the severity of the radiographic findings at adjacent levels. If the radiographic findings demonstrate compression of nerves or the spinal cord at an adjacent level, the decision concerning a one or two level procedure should be left to the discretion of the operative surgeon.
5. In a patient with spondylolisthesis and acute discogenic lumbar radiculopathy at the same level (who is otherwise a candidate for surgery), fusion may be considered by the surgeon in addition to addressing the disc pathology.
6. Diagnostic [radiculopathy] criteria for C-4 (no motor or reflex) and C-8 (no reflex) are limited. After appropriate conservative treatment, surgical indications will primarily be related to correlation with the radicular pain distribution in a clear corresponding dermatomal distribution and the appropriate radiographic findings.
7. The option to use BMP in selected lumbar fusions should be restricted to the use only in complicated or re-fusions.

*Approved: January 2016*

## **Drug Formulary Advisory Comments:**

1. Patients that are on long term opioid medications from a pain management specialist deserve and require flexibility in the application of the Drug Formulary.
2. If there are going to be delays in dispensing medications of over 72 hours, the patient and the prescriber should be notified by the pharmacy, pharmacy benefits manager (PBM) or adjuster immediately. Clear, accurate, current and complete contact information for the adjuster should be given to the patient and the prescriber if there are any delays caused by the prior approval process at the pharmacy or by the pharmacy benefits manager (PBM).
3. In cases where long term psycho-active or opioid medications are being taken, enough medications (a minimum of 4 weeks) must be available to the patient if the prescriptions are submitted through the Utilization Review process. Clear and complete contact information for the adjuster must be given to the physician and to the patient.
4. Adjusters must make available alternate contact information (if they are not going to be available) to the patient and to the prescriber in case a medical emergency occurs when these psycho-active or opioid medications are not approved or are delayed.