

Clinical Policy: Discography

Reference Number: WA.CP.MP.115

Last Review Date: 07/19

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Description

In lumbar discography, contrast medium is injected into a lumbar intervertebral disc that is thought to be the cause of low back pain. This procedure is used to reproduce a patient's pain and visualize the disc morphology. Injection pressures are also taken into account when considering whether the test suggests symptomatic disc degeneration.

Policy/Criteria

- I. It is the policy of Coordinated Care of Washington, Inc., in accordance with the Health Care Authority's Health Technology Assessment, that lumbar discography is **not medically necessary** for the following conditions:
 - A. Low back pain
 - B. Uncomplicated lumbar degenerative disc disease

- II. It is the policy of Coordinated Care of Washington, Inc., in accordance with the Health Care Authority's Health Technology Assessment, that lumbar discography may be **medically necessary** for the following conditions:
 - A. Radiculopathy
 - B. Functional neurologic deficits (motor weakness or EMG findings of radiculopathy)
 - C. Spondylolisthesis (> Grade 1)
 - D. Isthmic spondylolysis
 - E. Primary neurogenic claudication associated with stenosis
 - F. Fracture, tumor, infection, inflammatory disease
 - G. Degenerative disease associated with significant deformity

- III. It is the policy of Coordinated Care of Washington, Inc., that cervical and thoracic discography is considered **investigational** because effectiveness has not been established.

Background

Lumbar Discography

Lumbar Discography is a controversial diagnostic test for chronic discogenic low back pain. Proponents argue that recreating the patient's pain makes the test more sensitive and specific than imaging such as radiographs, myelography, and MRI, which identify both symptomatic and asymptomatic abnormalities.¹ However, critics argue that discography lacks reliability, given the absence of a clearly defined gold-standard reference test and the ability of the test to produce pain in patients without any prior history of back pain.^{1,2} Additionally, studies have come to conflicting conclusions regarding the accuracy of lumbar discography in identifying the source of discogenic pain and in guiding treatment decisions.³⁻⁷ Discography after lumbar discectomy in particular has been noted to produce pain in patients who are otherwise asymptomatic.⁸

Recent guidelines upheld prior statements regarding the unsuitability of discography as a stand-alone test.^{1,9} Moreover, there is evidence from a prospective cohort study that discography may lead to accelerated disk degeneration such as occurrence of new herniations, loss of disc height, and loss of disc signal intensity.¹⁰

Cervical/Thoracic Discography

While evidence is fair for lumbar discography to identify the source of discogenic pain, for cervical or thoracic discography, it is limited by few studies of poor quality.¹¹⁻¹³

Lumbar discography represents a screening tool for the source of discogenic pain after other sources of lumbar pain have been excluded and when treatment is available.¹¹ For cervical and thoracic pain, discography is not an appropriate diagnostic or screening tool.

Coding Implications

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CPT® Codes	Description
62290	Injection procedure for discography, each level; lumbar
62291	Injection procedure for discography, each level; cervical or thoracic
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
72285	Discography, cervical or thoracic, radiological supervision and interpretation
72295	Discography, lumbar, radiological supervision and interpretation

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	07/19	07/19

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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CLINICAL POLICY

Discography

Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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