COMPUTED TOMOGRAPHY OF THE LUMBAR SPINE

POLICY INITIATED: 04/15/2019
MOST RECENT REVIEW: 04/15/2019

POLICY # SPGI-2321

Multidisciplinary Committee Members/Policy Authors: Ali Mahtabifard, MD; Jennifer Luo Powell, MD; Benjamin King, MD; Anthony Limberakis, MD; Kumar Sankala, MD; David Friedman, MD; John McHenry, MD; Adam Zoga, MD

OVERVIEW STATEMENT

The purpose of these clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to improve patient outcomes. These clinical guidelines neither preempt the clinical judgment of trained professionals nor advise anyone on how to practice medicine. The healthcare professionals are responsible for all clinical decisions based on their assessment. These clinical guidelines do not provide authorization, certification, explanation of benefits, or guarantee of payment, nor do they substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language, including definitions and specific contract provisions/exclusions, take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise. Medical information is constantly evolving, and SPGI reserves the right to review and update these clinical guidelines periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from SPGI. All trademarks, product names, logos, and brand names are the property of their respective owners and are used for purposes of information/illustration only.

ASSOCIATED PROCEDURE CODES:

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computed tomography, lumbar spine; without contrast material</td>
<td>72131</td>
</tr>
<tr>
<td>Computed tomography, lumbar spine; with contrast material</td>
<td>72132</td>
</tr>
<tr>
<td>Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections</td>
<td>72133</td>
</tr>
</tbody>
</table>
The use of CT for the lumbar spine may be appropriate and supported by evidence to improve patient outcomes for the following indications.

Evaluation of lower back pain may be reasonable and appropriate when the patient’s medical record demonstrates **ALL** of the following:

- MRI contraindication;
- Treatment with physical therapy without improvement;
- Treatment with anti-inflammatory, analgesic or muscle relaxant for six (6) weeks without improvement;
- No prior CT of the lumbar spine for same symptoms in past 4 months.
REFERENCES:

An assessment of the evidence using the GRADE methodology for grading evidence is performed on all reference material. Consideration of relevant published consensus statements, randomized clinical trials, non-randomized comparative studies, cohort studies and pre-post or time series single group study results is part of the evidence assessment.

The quality of evidence is evaluated utilizing the GRADE approach. The evidence grade is documented in the list of references below and is defined as follows:

- **'High'**: the available evidence starts as high quality, and usually includes consistent results from well-designed, well-conducted studies in representative populations.
- **'Moderate'**: The available evidence is sufficient to determine the effects of the preventive service on health outcomes but quality of evidence results in moderate confidence that the net benefit will result.
- **'Low'**: Observational Studies start as low quality, the available evidence and quality of evidence to support the net benefit of the service is limited.
- **'Very Low'**: The available evidence is insufficient to assess the benefit of the service and the risk of harm cannot be determined.

   Evidence Grade: Moderate

   Evidence Grade: Moderate

   Evidence Grade: High

   Evidence Grade: Moderate