Origination Date: 10/03	Revision Date(s): 10/04, 10/05, 11/06, 11/07, 11/08
Developed By: Medical Criteria Committee	

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Description:

Percutaneous vertebroplasty is a therapeutic, interventional radiologic procedure performed under imaging guidance that consists of the injection of medical grade cement through a needle into a painful fractured cervical, thoracic or lumbar vertebral body to stabilize the fracture. Vertebroplasty is performed in an attempt to relieve pain and strengthen the spine.

Percutaneous kyphoplasty is similar to vertebroplasty in that stabilization of a collapsed vertebra is accomplished by the injection of bone cement. Under fluoroscopic guidance, an inflatable balloon is inserted to expand a collapsed vertebral body to its natural height prior to the injection of the cement. With kyphoplasty, some of the bony deformity and resulting kyphosis may be reduced which will often significantly improve a patient's pain.

Criteria:

Vertebroplasty or kyphoplasty will be covered to plan limitations for patients with vertebral collapse and persistent, debilitating pain in the cervical, thoracic or lumbar bodies resulting from **ANY** of the following:

1. Painful osteoporotic vertebral collapse/compression fractures
2. Traumatic fracture
3. Painful osteolytic vertebral compression fracture related to benign or malignant tumor, such as hemangioma, metastatic disease, myeloma, lymphoma and histiocytosis
4. Steroid induced fractures

AND ALL of the following criteria have been met:

1. Severe debilitating pain or loss of mobility that cannot be relieved by at least 6 weeks of optimal medical therapy such as:
    a. NSAIDS
    b. Narcotics
    c. Back bracing
    d. Physical Therapy
    e. Initial bed rest with progressive activity; and
2. Other causes of pain, such as herniated intervertebral disk, have been ruled out by CT or MRI; and
3. The affected vertebra has not been extensively destroyed and is at least one-third of its original height; and
4. The vertebral fracture is less than 1 year old

Contraindications:

1. Coagulation disorders
2. Underlying infection such as osteomyelitis of the affected vertebra
3. Neurological symptoms related to spinal compression
4. Lack of neurosurgical backup for emergency decompression in the event a neurological deficit develops during the injections of the cement

Information to be Submitted with Pre-Authorization Request:

1. Medical records from the treating physician documenting the spinal level involved, the severity of pain, previous treatments tried, and the patient's neurologic condition
2. X-Ray, CT, or MRI report documenting vertebral collapse

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