

Lumbar Spinal Fusion for Degenerative Disc Disease Pre-Surgical Documentation Worksheet*

Instructions: In order for documentation to meet established guidelines, each element bulleted with an arrow must be completed in its entirety.

Patient Name: _____

Procedure to be performed:

NOTE: For First Coast Service Options, prior to elective fusions co-morbidities to be considered include 1) the patient is a nonsmoker, or has refrained from smoking for at least 6 weeks prior to planned surgery, or has received counseling on the effects of smoking on surgical outcomes and treatment for smoking cessation if accepted; 2) cognitive, behavioral, or addiction issues are identified; 3) documentation should support assessment and treatment prior to surgical management; and 4) weight reduction as appropriate.

→ **Condition/Diagnosis:**

→ **Describe imaging studies (e.g., CT, MRI, or discography) which demonstrate DDD is likely the cause of pain:**

NOTE: Case specific indications for two or three or more level fusion procedure must be directly addressed in the pre procedure record with clinical correlation to diagnostic test results.

→ **For each of the following types of conservative therapy describe how the treatment was unsuccessful or not appropriate for the patient. NOTE: Pain and significant functional impairment must have continued despite at least 6 months of conservative therapy as clinically appropriate.**

Anti-inflammatory medications(oral or injection therapy)/analgesics dosages and duration of treatment:

Supervised physical therapy with frequency/duration **OR** Intense Multidisciplinary Rehabilitation and impact on ADLs:

Activity/lifestyle modification:

Daily exercise:

Weight reduction as appropriate:

Physician Signature _____ **Date:** _____

*This worksheet may only be utilized when the physician has already provided a diagnosis of degenerative disc disease as the indication for lumbar spinal fusion.



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