

Lumbar degenerative disease classification

- Correlation and risk factor analysis of multifidus muscle atrophy in degenerative lumbar spondylolisthesis
- The role of generative artificial intelligence in deciding fusion treatment of lumbar degeneration: a comparative analysis and narrative review
- Lumbar spinal fusion in postmenopausal women with a history of hormone replacement therapy
- Effect of Surgical Approach on Patient-reported Outcomes of Lumbar Fusion for Degenerative Spondylolisthesis: Should Grade Influence Approach?
- A novel classification of coronal malalignment in degenerative lumbar scoliosis for predicting postoperative coronal imbalance: a multicenter cohort study
- Assessing the association between degenerative disc disease and spinal mobility
- Correlation Between Bone Mineral Density And Different Types of Modic Changes in Lumbar Spine
- A retrospective review of MagnetOs Easypack Putty(TM) bone graft used standalone in transforaminal lumbar interbody fusion

Agreement between surgeon-specified diagnostic indication and hospital-reported ICD-10 codes was best for patients who underwent decompression only. In the fusion cases, agreement with ICD-10 codes was best in the spondylolisthesis group (76%). In cases other than spondylolisthesis, agreement was poor due to multiple diagnoses or lack of an ICD-10 code that reflected the pathology. This study suggested that standard ICD-10 codes may be inadequate to clearly define the indications for decompression or fusion in patients with lumbar degenerative disease ¹⁾.

see [Lumbar degenerative spondylolisthesis](#).

see [Lumbar disc herniation](#)

see [Lumbar spinal stenosis](#)

see [Lumbar foraminal stenosis](#).

In an institution-wide, prospective, longitudinal quality of life registry that measures cost and effectiveness of all spine care provided, comprehensive medical management did not result in sustained improvement in pain, disability, or quality of life for patients with surgically eligible degenerative lumbar spondylolisthesis, stenosis, or disc herniation. From both the societal and payer perspective, continued medical management of patients with these lumbar pathologies in whom 6 weeks of conservative therapy failed was of minimal value given its lack of health utility and effectiveness and its health care costs. The findings from this real-world practice setting may more accurately reflect the true value and effectiveness of nonoperative care in surgically eligible patient populations ²⁾.

¹⁾

Glassman SD, Carreon LY, Asher AL, De A, Mullen K, Porter KR, Shaffrey CI, Knightly JJ, Foley KT, Albert TJ, Brodke DS, Polly DW, Bydon M. Surgeon input can increase the value of registry data: early experience from the American Spine Registry. J Neurosurg Spine. 2023 May 19:1-7. doi: 10.3171/2023.4.SPINE23135. Epub ahead of print. PMID: 37209078.

²⁾

Parker SL, Godil SS, Mendenhall SK, Zuckerman SL, Shau DN, McGirt MJ. Two-year comprehensive medical management of degenerative lumbar spine disease (lumbar spondylolisthesis, stenosis, or disc herniation): a value analysis of cost, pain, disability, and quality of life: clinical article. J Neurosurg

Spine. 2014 Aug;21(2):143-9. doi: 10.3171/2014.3.SPINE1320. Epub 2014 May 2. PubMed PMID: 24785973.

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