



Selective Dorsal Rhizotomy for Cerebral Palsy

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Definitions

1. Cerebral Palsy (CP) — a non-progressive disorder associated with neuromuscular, perceptual and sensory impairments. Etiologies include genetic, inflammatory, infectious, anoxic, traumatic and metabolic causes. Damage can occur before, during or after birth. There are three basic types:
 - a. Ataxic — characterized by rapid, repetitive movements.
 - b. Dyskinetic — characterized by abnormal involuntary movements.
2. Spastic — characterized by muscle hypertonicity and impairment of motor skills; diplegia, one of the most common variants, primarily involves the lower extremities.
3. Selective dorsal rhizotomy (SDR) — a surgical technique that involves the severing of spinal nerve rootlets with the goal of interrupting excitatory neural pathways, thereby reducing or eliminating spasticity.

Guideline

Members with spastic CP of either the diplegic or quadriplegic type are eligible SDR when the following criteria are met:

1. Failure of medical management.¹
2. Must be participating in active physical therapy prior to SDR.
3. Good prognosis for ambulation.
4. There must be sufficient functional and intellectual capacity to participate in post-operative physical rehabilitation.

Relative Contraindications

Relative or absolute contraindications for SDR include, but may not be limited to any of the following:

1. Abnormal spine anatomy.
2. Athetoid or ataxic disease.
3. Dystonia or rigidity.
4. Other neurological motor disorders.
5. Severe fixed joint contractures or deformity.
6. Significant underlying muscle weakness that makes likelihood of recovery poor.
7. Visual impairment.

Applicable Procedure Codes

63185	Laminectomy with rhizotomy; one or two segments
63190	Laminectomy with rhizotomy; more than 2 segments

Applicable ICD-10 Diagnosis Codes

G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified

References

- BlueCross and BlueShield Association Medical Policy Reference Manual, Policy No. 7.01.28
- Chicoine et al. Selective dorsal rhizotomy and rates of orthopedic surgery in children with spastic cerebral palsy. *J Neurosurg* 1997;86:34-39
- Hayes Medical Technology Directory, Hayes Inc. Selected Dorsal Rhizotomy for Cerebral Palsy. *Hayes Medical Technology Directory*. Lansdale, Penn: Winifred S. Hayes, Inc.; January 15, 2006.
- McLaughlin, et al. Selective dorsal Rhizotomy: meta-analysis of three randomized controlled trials. *Developmental Medicine and Child Neurology* 2002, 44: 17-25

¹ Treatments include pharmacotherapy, botulinum toxin A injection, intrathecal baclofen infusion, orthopedic management, physical therapy, braces and nerve blocks.

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Specialty-matched clinical peer review.