Artificial Intervertebral Disc: Cervical Spine

Description

Several prosthetic devices are currently available for cervical disc arthroplasty. Cervical disc arthroplasty is proposed as an alternative to anterior cervical discectomy and fusion for patients with symptomatic cervical degenerative disc disease.

OBJECTIVE

The objective of this evidence review is to determine whether cervical disc arthroplasty improves the net health outcome compared with anterior cervical discectomy and fusion in patients who have degenerative disc disease.

POLICY STATEMENT

Cervical disc arthroplasty may be considered medically necessary when ALL of the following criteria are met:

1. The device is approved by the U.S. Food and Drug Administration (FDA);
2. The patient is skeletally mature;
3. The patient has intractable cervical radicular pain or myelopathy
1. which has failed at least 6 weeks of conservative nonoperative treatment, including an active pain management program or protocol, under the direction of a physician, with pharmacotherapy that addresses neuropathic pain and other pain sources AND physical therapy; OR

2. if the patient has severe or rapidly progressive symptoms of nerve root or spinal cord compression requiring hospitalization or immediate surgical treatment;

4. Degeneration is documented by magnetic resonance imaging, computed tomography, or myelography;

5. Cervical degenerative disc disease is from C3 through C7; and

6. The patient is free from contraindication to cervical disc arthroplasty.

Simultaneous cervical disc arthroplasty at a second contiguous level may be considered medically necessary if the above criteria are met for each disc level, and the device is FDA-approved for 2 levels (eg, Mobi-C, Prestige LP™).

Subsequent cervical disc arthroplasty at an adjacent level may be considered medically necessary when all of the following are met:

1. Criteria 1 to 6 above are met; and

2. The device is FDA-approved for 2 levels; and

3. The planned subsequent procedure is at a different cervical level than the initial cervical artificial disc replacement; and

4. Clinical documentation that the initial cervical artificial intervertebral disc implantation is fully healed.

Cervical disc arthroplasty is considered investigational for all other indications, including the following:

- Disc implantation at more than 2 levels
- Combined use of an artificial cervical disc and fusion
- Prior surgery at the treated level
- Previous fusion at another cervical level
- Translational instability
- Anatomic deformity (eg, ankylosing spondylitis)
- Rheumatoid arthritis or other autoimmune disease
- Presence of facet arthritis
- Active infection
- Metabolic bone disease (eg, osteoporosis, osteopenia, osteomalacia)
- Malignancy.

**POLICY GUIDELINES**

None

**BENEFIT APPLICATION**

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.
In 2007, the Prestige ST Cervical Disc (Medtronic) was approved by the U.S. Food and Drug Administration (FDA) through the premarket approval process as a class III device. The Prestige ST Cervical Disc is composed of stainless steel and is indicated in skeletally mature patients for reconstruction of the disc from C3 through C7 following single-level discectomy. The device is implanted using an open anterior approach. Intractable radiculopathy and/or myelopathy should be present, with at least one of the following items producing symptomatic nerve root and/or spinal cord compression as documented by patient history (eg, pain [neck and/or arm pain], functional deficit, and/or neurologic deficit) and radiographic studies (eg, magnetic resonance imaging, computed tomography, x-rays): herniated disc and/or osteophyte formation. The FDA required Medtronic (the Prestige disc manufacturer) to conduct a 7 year postapproval clinical study of the safety and function of the device and a 5 year enhanced surveillance study to more fully characterize adverse events in a broader patient population.

In 2014, the Prestige LP™ artificial cervical disc (Medtronic Sofamor Danek) was approved by the FDA through the premarket approval process. The Prestige LP™ differs from the original Prestige cervical disc regarding material and fixation. The Prestige LP™ implant is composed of a proprietary titanium-ceramic composite and has 2 rails that press-fit into holes created during the surgical procedure. In 2016, the Prestige LP™ was approved by the FDA for 2 adjacent levels. A postapproval study will follow the investigational device exemption patients who received the Prestige LP™ at 2 contiguous levels for 10 years. Medtronic will also submit to the FDA adverse events, device failures, and complaint analysis for 10 years. This includes subsequent surgeries, heterotopic ossification, device malfunction, and other serious device-related complications.

Another disc arthroplasty product, the ProDisc-C (Synthes Spine), was approved by the FDA through the premarket approval process in 2007. As with the Prestige ST Cervical Disc, the FDA approval of ProDisc-C was made conditional on 7-year follow-up of the 209 subjects included in the noninferiority trial (discussed in Rationale section), 7 year follow-up of 99 continued-access subjects, and a 5 year enhanced surveillance study to characterize more fully adverse events when the device is used under general conditions of use. Postapproval study reports are to be delivered to the FDA annually. The ProDisc C Vivo is currently marketed by Centinal Spine.

The Bryan Cervical Disc (Medtronic Sofamor Danek) consists of 2 titanium-alloy shells encasing a polyurethane nucleus and has been available outside of the United States since 2002. In 2009, the Bryan Cervical Disc was approved by the FDA for treatment using an anterior approach of single-level cervical degenerative disc disease defined as any combination of the following: disc herniation with radiculopathy, spondylotic radiculopathy, disc herniation with myelopathy, or spondylotic myelopathy resulting in impaired function and at least one clinical neurologic sign associated with the cervical level to be treated, and necessitating surgery as demonstrated using computed tomography, myelography and computed tomography, and/or magnetic resonance imaging results. Patients receiving the Bryan Cervical Disc should have failed at least six weeks of nonoperative treatment before implantation. As a condition for device approval, the FDA required Medtronic Sofamor Danek to extend its follow-up of enrolled subjects to 10 years after surgery. The study will involve the investigational and control patients from the pivotal investigational device exemption study arm, as well as the patients who received the device as part of the continued-access study arm. Also, Medtronic Sofamor Danek must perform a 5 year enhanced surveillance study of the disc to characterize more fully adverse events when the device is used in a broader patient population.

More recently, continued FDA approval requires completion of two post-approval studies. One study provides extended follow-up of the premarket pivotal cohort out to 7 years. The second study provides ten-year enhanced surveillance of adverse event data. Continued approval is contingent on submission of annual reports, which include the number of devices sold, heterotopic ossification, device malfunction, device removal, other serious device-related complications, and analysis of all explanted discs.

The following have also received the FDA approval:

- The PCM [porous-coated motion] Cervical Disc (NuVasive) received the FDA approval in 2012 (P100012). The PCM is a semi-constrained device consisting of two metal (cobalt-chromium alloy) endplates and a polyethylene insert that fits between the endplates.
- SECURE-C (Globus Medical) was approved in 2012 (P100003). The SECURE-C is a three-piece semi-constrained device with two metal (cobalt-chromium molybdenum alloy) endplates and a polyethylene insert.
- The Mobi-C (LDR Spine) received FDA approval in 2013. Mobi-C is three-piece semi-constrained device with metal (cobalt-chromium alloy) endplates and a polyethylene insert. The Mobi-C is approved for 1- (P110002) or 2-level (P110009) disc replacement.

The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.
- The M6-C(TM) (Spinal Kinetics) received FDA approval for single level degenerative radiculopathy in 2019 (P170036). The device is comprised of ultra-high molecular weight polyethylene weaved fiber creating a matrix (artificial annulus) within a sheath and titanium alloy endplates. The device is secured with low profile fins.

Other devices are in FDA investigational device exemption trials in the United States (see Table 1).

**Table 1. Cervical Disc Prostheses Under Investigation in the United States**

<table>
<thead>
<tr>
<th>Prosthesis</th>
<th>Manufacturer</th>
<th>FDA Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simplify</td>
<td>Simplify Medical</td>
<td>FDA IDE trial</td>
</tr>
<tr>
<td>Freedom</td>
<td>AxioMed</td>
<td>FDA IDE trial</td>
</tr>
</tbody>
</table>

FDA: U.S. Food and Drug Administration; IDE: investigational device exemption.

Updates on the regulatory status of these devices are available online using FDA product code MJO

**RATIONALE**

**Summary of Evidence**

For individuals who have cervical radicular pain or myelopathy who receive single-level cervical disc arthroplasty, the evidence includes randomized controlled trials and meta-analyses of randomized controlled trials. Relevant outcomes are symptoms, morbid events, functional outcomes, quality of life, and treatment-related morbidity. At 2 year follow-up, trials of all artificial cervical discs met noninferiority criteria compared to anterior cervical discectomy and fusion. Mid-term outcomes have been reported on 5 devices (Prestige ST, ProDisc-C, Bryan, Mobi-C, PCM [Porous Coated Motion]). At 4 to 5 years, the trial results have been consistent with the continued noninferiority of cervical disc arthroplasty for clinical outcomes and lower cumulative reoperation rates. Seven year follow-up of the Prestige and ProDisc-C pivotal trials continue to show lower secondary surgery rates, although this is not a consistent finding in other reports. Serious adverse events appear to be uncommon. Heterotopic ossification can occur in a substantial proportion of spinal segments with artificial intervertebral discs but does not appear to lead to a decline in clinical outcomes. The evidence to date shows outcomes that are at least as good as the standard treatment of anterior cervical discectomy and fusion. There have been no safety signals with discs approved by the U.S. Food and Drug Administration (FDA) for single-level cervical disc arthroplasty. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have cervical radicular pain or myelopathy who receive 2 level cervical disc arthroplasty of the cervical spine, the evidence includes RCTs. The relevant outcomes are symptoms, morbid events, functional outcomes, quality of life, and treatment-related morbidity. FDA approval for the Prestige LP™ was based on superiority to 2-level anterior cervical discectomy and fusion in overall success at 2 years. The increase in overall success rates at 2 years has been maintained for those patients who have reached the 10-year follow-up. At 2 and 4 year follow-ups, the first artificial cervical disc approved for 2 levels (Mobi-C) was found to be superior to anterior cervical discectomy and fusion for Neck Disability Index scores, Neck Disability Index success rates, reoperation rates, and overall success composite outcome. At 5 years, trial results were consistent with the continued superiority of 2 level cervical disc arthroplasty for clinical outcomes and lower cumulative reoperation rates. Adjacent-segment degeneration with Mobi-C was found in a significantly lower percentage of patients compared with 2 level anterior cervical discectomy and fusion patients. Based on this evidence, it can be concluded that 2 level cervical disc arthroplasty with either of these FDA approved discs is at least as beneficial as the established alternative. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

---

The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.
SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

North American Spine Society

In 2015, the guidelines from the North American Spine Society indicated that 40:

"Cervical artificial disc replacement, (also known as cervical total disc replacement and cervical arthroplasty) may be indicated for the following diagnoses with qualifying criteria, when appropriate:

1. Radiculopathy related to nerve root compression from one or 2 level degenerative disease (either herniated disc or spondylotic osteophyte) from C3-4 to C6-7 with or without neck pain that has been refractory to medical or nonoperative management.

2. Myelopathy or myeloradiculopathy related to central spinal stenosis from one or 2-level degenerative disc disease from C3-4 to C6-7 with or without neck pain."

National Institute for Health and Care Excellence

In 2010, the National Institute for Health and Care Excellence (NICE) issued guidance on the artificial cervical disc, concluding that 41:

"Current evidence on the efficacy of prosthetic intervertebral disc replacement in the cervical spine shows that this procedure is at least as efficacious as fusion in the short term and may result in a reduced need for revision surgery in the long term. The evidence raises no particular safety issues that are not already known in relation to fusion procedures. This procedure should only be carried out in specialist units where surgery of the cervical spine is undertaken regularly.

NICE encourages further research into prosthetic intervertebral disc replacement in the cervical spine. Research outcomes should include long-term data on preservation of mobility, occurrence of adjacent segment disease and the avoidance of revision surgery."

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

A search of the Medicare National Database identified a national coverage determination on artificial intervertebral discs for the lumbar spine but not for the cervical spine 42.

REFERENCES


The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.
The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.
## POLICY HISTORY - THIS POLICY WAS APPROVED BY THE FEP® PHARMACY AND MEDICAL POLICY COMMITTEE ACCORDING TO THE HISTORY BELOW:

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2012</td>
<td>New policy</td>
<td>Policy updated with literature review; references 4, 7, 14-15, 24-25, 27-28, 32, 36, 44, 46-47 added and reordered; policy statement unchanged.</td>
</tr>
<tr>
<td>March 2014</td>
<td>Replace policy</td>
<td>Policy updated with literature review; references 11, 27-28, 32, 48, and 50 added; clinical input reviewed; considered medically necessary for single level cervical disc replacement.</td>
</tr>
<tr>
<td>September 2015</td>
<td>Replace policy</td>
<td>Policy updated with literature review through July 19, 2016; Rationale reorganized and references added; some references removed. Considered medically necessary for 2-level cervical disc replacement with a device that is FDA-approved for 2-levels (ie, Mobi-C, Prestige LP).</td>
</tr>
<tr>
<td>December 2016</td>
<td>Replace policy</td>
<td>Policy updated with literature review through February 5, 2018; no references added. Policy statements unchanged.</td>
</tr>
<tr>
<td>June 2018</td>
<td>Replace policy</td>
<td>Policy updated with literature review through February 5, 2019; no references added. Policy statements unchanged.</td>
</tr>
<tr>
<td>June 2019</td>
<td>Replace policy</td>
<td>Policy updated with literature review through March 5, 2020; references added. Rationale changed to tabular format. Change in terminology from 'artificial intervertebral disc arthroplasty of the cervical spine' to 'cervical disc arthroplasty'.</td>
</tr>
</tbody>
</table>

The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.