

Lumbar Discectomy and Reoperation Among Workers' Compensation Cases in Florida and New York

Are Treatment Trends Similar to Other Payer Types?

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Joshua M. Ammerman¹, MD, Joshua J. Wind, MD², Michael E. Goldsmith, MD³, and Jason A. Inzana, PhD⁴

Abstract

Objective: The aim of this study was to better understand current treatment trends and revision rates for lumbar disc herniation (LDH) in the workers' compensation (WC) population compared with other payer types.

Methods: This was a retrospective analysis of outpatient claims data from Florida and New York during 2014 to 2016.

Results: WC patients were less likely to undergo discectomy in Florida (15% vs 19%; $P < 0.001$) and New York (10% vs 15%; $P < 0.001$). The odds of WC patients undergoing revision discectomy were 1.5 times greater than patients covered by private payers or all other non-WC payers ($P = 0.002$).

Conclusion: WC patients undergo discectomy significantly less often than non-WC counterparts, which may be related to a higher risk of reoperation. New evidence-based treatments, such as annular repair, may be critical to advancing care in this unique population.

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Reducing the incidence of reherniation and reoperation in skeletally mature patients with radiculopathy (with or without back pain) attributed to a posterior or posterolateral herniation, and confirmed by history, physical examination and imaging studies which demonstrate neural compression using MRI to treat a large annular defect (between 4-6 mm tall and between 6-10 mm wide) following a primary discectomy procedure (excision of herniated intervertebral disc) at a single level between L4 and S1.

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