

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

07/22/2008

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Percutaneous discectomy at L4-5.

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Doctor of Osteopathy, Board certified Anesthesiologist, Specializing in Pain Management.

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**The requested percutaneous discectomy at L4-5 is not medically necessary.**

### **PATIENT CLINICAL HISTORY (SUMMARY):**

The injured individual is a xx year old male with date of injury xx/xx. The injured individual had physical therapy (PT) and epidural steroid injections (ESIs) with temporary benefit. The MRI showed bulge at L4/5. The discogram concurred that this is the only painful disc. The injured individual has low back and left leg pain.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The percutaneous discectomy is denied for two reasons. First, the procedure remains considered investigational/experimental (I/E) with no proven efficacy per the literature, Official Disability Guidelines, and the American College of Occupational and Environmental Medicine (ACOEM) due to the lack of long term follow up studies to support it. Second, surgery still remains the gold standard treatment for lumbar radiculopathy and there is no indication the injured individual has consulted a spine surgeon regarding that option.

The Journal of Spinal Disorder Technology states: "We conclude nucleoplasty (percutaneous decompression) is not an effective long term solution for lumbar radiculopathy." The American Society of Interventional Pain Physicians (ASIPP) guidelines state the moderate and long term outcomes are only moderately successful. ACOEM guidelines state: "Proof of its effectiveness has not been demonstrated." The Mayo Clinic Proceedings state that the procedure holds promise but traditional surgery remains the gold standard. Physical Medicine and Rehabilitation Clinic of North America states: "Because serious complications have been reported with minimally invasive percutaneous procedures, the authors continue to advocate the proven traditional surgical approaches until

prospective, randomized studies demonstrate a clear benefit to using alternative techniques.” Therefore based on the current literature and guidelines, the requested percutaneous discectomy would not be considered as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE pg 306.**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:**

Not recommended. Percutaneous discectomy (PCD) is not recommended, since proof of its effectiveness has not been demonstrated. PCD is a “blind” procedure done under the direction of fluoroscopy. It involves placing an instrument into the center of the disc space, and either mechanically removing disc material or vaporizing it by use of a laser, to create a void so that extruded material can return to the center of the disc. Percutaneous lumbar discectomy procedures are rarely performed in the U.S., and no studies have demonstrated the procedure to be as effective as discectomy or microsurgical discectomy ([Stevens, 1997](#)) ([Stevenson, 1995](#)) ([Gibson, 2000](#)) ([Boult, 2000](#)) ([Mochida, 2001](#))

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION):**

J. Spinal Disorder Tech 2005 Feb;18 Suppl:S119-24 Cohen SP.

Mayo Clin Proc 2003 Oct;78(18):1249-56 Deen HG.

Phys Med Rehabil Clin N Am 2002 Aug;13(3):735-59 Storm PB.

Practical Pain Management 2007 Feb;7(1):43-46 Pinzon E.

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

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