

**DATE OF REVIEW:**

10/30/2008

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Plasma disk decompression, L4-L5, L5-S1.

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

Board Certified Orthopaedic Surgeon

**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.

**Plasma disk decompression at L4-L5, L5-S1 is not medically necessary.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 10/22/08 letter from, Operations, with attached response regarding disputed services
- 10/20/08 MCMC Referral
- 10/20/08 Notice Of Assignment Of Independent Review Organization, DWC
- 10/20/08 Notice to MCMC, LLC Of Case Assignment, DWC
- 10/17/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 10/17/08 Request For A Review by An Independent Review Organization
- 10/01/08 Case Report, MCMC
- 09/10/08 letter from, LVN
- 09/19/05, 09/08/04 to 09/13/04 Status Post Call notes
- 09/02/08 letter from M.D.
- 08/19/08 letter from LVN
- 07/25/08, 12/07/07, 02/06/07, 09/22/06, 12/16/05, 10/04/05, 08/26/05, 06/14/05, 04/26/05, 10/15/04, 09/13/04 Follow-Up Visit notes, Dr.
- 02/12/08 Workers Comp Update note
- 01/18/08 Denied Procedure note
- 09/07/07, 05/08/07 to 06/15/07 No Show notes 01/05/07 to 01/26/07, 08/18/06 No Show notes
- 11/30/06, 06/08/06, 10/03/05, 12/28/04 procedure notes, Dr.
- 11/28/06 SPECT/IDET Unlisted Nerve Proc. Panel, M.D., Health Care
- 11/08/06, 11/22/05, 10/28/05, 09/23/05, 09/14/05, 11/22/04 Scheduled Surgery notes,
- 06/27/06 to 08/01/06 Workers Comp Updates

- 05/01/06 Scheduled Appointment note,
- xx/xx/xx Initial Clinic Visit, Dr.
- 02/21/06 No Show note
- 01/26/06, 02/11/05, 07/20/04, 06/16/04, 05/07/04 02/24/04 Clinic Visit notes, Dr.
- 11/21/05 Status Post Visit
- 11/28/05, 11/10/05 operative reports, Dr.
- 10/03/05 CT lumbar spine, Healthcare
- 10/03/05 Operative Report, M.D., Healthcare
- 07/08/05 Pre-Certification Note
- 07/05/05 EMG and Nerve Conduction Study M.D.
- 05/05/05, 10/16/04 Addendums, Dr.
- 08/30/04 Scheduled Surgery note, Dr.
- 05/08/04 MRI lumbar spine, Imaging
- ODG – TWC Integrated Treatment/Disability Duration Guidelines entitled, “Low Back – Lumbar & Thoracic (Acute & Chronic)”

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male who sustained a work-related injury on xx/xx/xx. The mechanism of injury was xxxx. He was reported to have sustained a left intertrochanteric femur fracture which required fixation with a gamma nail. He then sought treatment from M.D. beginning on 02/24/04. Dr. initially treated him for some knee complaints and then later for a complaint of back pain. The injured individual subsequently underwent removal of the gamma nail and question bone grafting of the nail tract. He continued to complain of lower extremity discomfort that resulted in two separate operations to remove heterotopic bone from his hip region. He then underwent several series of lumbar epidural steroid injections. Electrodiagnostic testing by M.D. was felt to be consistent with acute irritability bilaterally at L4, L5, and S1 on 07/05/05. Further diagnostic testing has included a three level discogram, MRI, and CT scan. Dr. performed an IDET procedure at L5-S1 on 11/28/05 and reported on 12/16/05 that “cleared up the whole thing”. The injured individual continued with symptoms and underwent repeated lumbar epidural steroid injections. It was reported by Dr. that he had undergone Independent Medical Exam (IME) and was placed at Maximum Medical Improvement (MMI) with a 13% whole person impairment rating. Treatment during 2007 was significant for at least five no shows for scheduled appointments. Dr. then recommended trigger point injections and finally the plasma decompression procedure. Care then became more sporadic by Mr. and Dr. recommended the procedure again on 07/25/08.

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

The injured individual is a male who sustained a left intertrochanteric femur fracture and questionable low back injury as a result of an occupational injury on xx/xx/xx. He is now over xx/xx years status post injury with continuing complaints despite extensive evaluation and treatment. In addition, it is reported that he has not returned to work in any capacity since injury. Imaging studies have revealed only evidence of degenerative disc disease without any objective evidence of neurological compromise. The electromyogram/nerve conduction velocity (EMG/NCV) studies that Dr. cites is from 07/2005 and was nonspecific. The injured individual has undergone an Intradiscal electrothermic

therapy (IDET) procedure at L5-S1 without any evidence of objective clinical improvement or change in functional status. The pain generator has not been clearly defined and it is unclear whether his symptoms are coming from his left hip or his spine. The injured individual has been noncompliant as illustrated by his documented history of “no shows” and episodic care. The available documentation reviewed does not support the requested procedure as medically reasonable or necessary.

The evidence-based Official Disability Guidelines updated as recently as 10/22/08 recommend: Nucleoplasty - Not recommended. Nucleoplasty is a percutaneous method of decompressing herniated vertebral discs that uses radiofrequency energy [Coblation (ArthroCare Corp., Sunnyvale, CA)] for ablating soft tissue, and thermal energy for coagulating soft tissue, combining both approaches for partial disc removal. Nucleoplasty is designed to avoid the substantial thermal injury risks of Intradiscal Electrothermal Annuloplasty (IDET), because Nucleoplasty produces lower temperatures within the disc annulus. Given the extremely low level of evidence available for Nucleoplasty (Coblation Nucleoplasty), and the lack of clinical trials, it is recommended that this procedure be regarded as experimental at this time. (Chen, 2003) (Manchikanti, 2003) (Aetna, 2004) (Medicare, 2004) (Cohen, 2005) (Choy, 1998) (Casper, 1996) (Liebler, 1995) (Ohnmeiss, 1994) (Quigley, 1996) (Gronmeyer, 2003) (Singh, 2002) (Agarwal, 2003) (BlueCross BlueShield, 2005) CMS (Centers for Medicare and Medicaid Services) recently issued a national noncoverage determination for all thermal intradiscal procedures (TIPs), including radiofrequency annuloplasty (RA) and percutaneous (or plasma) disc decompression (PDD) or coblation, concluding that a thorough review of the empirical evidence on TIPs is adequate to determine that there is no convincing evidence to demonstrate a benefit to health outcomes from these procedures. (CMS, 2008)

The injured individual has already undergone a failed IDET at L5-S1 and it is unclear why the physician has included L4-L5 since there has not been documented pathology at this level. In addition the certification of MMI implies that further active treatment is unlikely in all medical probability to result in significant clinical improvement.

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

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