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**DATE OF REVIEW:** 05/13/09

**IRO CASE #:**

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

Plasma disc decompression at L4-L5 and L5-S1

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

Board Certified in Orthopedic Surgery

**REVIEW OUTCOME**

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

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

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 disc decompression at L4-L5 and L5-S1 - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY**

An MRI of the lumbar spine interpreted by Dr. on 12/17/96 revealed degenerative disc disease at L2-L3 and L5-S1, a mild bulge at L5-S1, and a protruding nucleus

pulposus at L3-L4. On 04/01/07, Dr. recommended regional nerve blocks with trigger point injections, aggressive rehabilitation, and a work hardening/work conditioning program. An EMG/NCV study interpreted by Dr. on 06/03/97 was unremarkable. Thoracic and lumbar myelograms interpreted by Dr. on 09/17/97 revealed a minimal disc protrusion at L3-L4 and a disc protrusion at L5-S1. An EMG/NCV study interpreted by Dr. on 01/30/98 revealed radiculopathy bilaterally at L3, L4, L5, and S1. Lumbar spine surgery was performed by Dr. on 03/27/98. Physical therapy was performed with an unknown therapist from 08/07/08 through 08/14/08 for a total of six sessions. A lumbar discogram interpreted by Dr. on 11/23/98 revealed concordant pain at L5-S1. On 12/16/98, the patient was placed at statutory Maximum Medical Improvement (MMI) as of 10/27/98 with a 36% whole person impairment rating. On 02/22/99, Dr. felt the patient should have a 47% whole person impairment rating. On 03/25/99, Dr. felt the patient had a 35% whole person impairment rating. On 05/29/99, Dr. felt the patient was at MMI as of 10/27/98 with an 11% whole person impairment rating. Chiropractic therapy was performed with Dr. from 05/15/00 through 05/26/04 for a total of 18 sessions. Chiropractic therapy was performed with Dr. from 11/18/04 through 06/29/05 for a total of eight sessions. On 12/19/07, Dr. recommended a repeat MRI, Cialis, and Lyrica. An MRI of the lumbar spine interpreted by an unknown provider on 02/20/08 revealed disc desiccation at L1-L2, postoperative changes at L2 through L4, and slight annular bulging at L4-L5 with degenerative disc disease and bulging at L5-S1. A lumbar discogram interpreted by Dr. on 10/31/08 revealed pain at L5-S1 with degenerative changes at L4-L5 and L5-S1. On 02/18/09, Dr. wrote a letter of non-authorization for plasma disc decompression at L4-L5 and L5-S1 and purchase of a lumbar back brace. On 03/05/09, Dr. continued to recommend the surgery. On 03/10/09, Dr. wrote a letter of non-authorization for the surgery.

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

The patient has lower back pain without any evidence of radiculopathy. The discogram has merely shown degenerative changes below a prior fusion. Discography has not been proven to be more than 50% reliable in this population. Second, the ODG does not recommend any sort of discectomy for axial back pain. This patient does not have any evidence of radiculopathy. Third, plasma disc decompression is not a validated technique. It is not as effective as open surgery and has a very significant failure rate. It is not endorsed by the ODG nor has it been proven by any randomized scientific study. In fact, when the results of the plasma disc decompression are compared to open surgery, they are inferior. Therefore, for the above three reasons, the plasma disc decompression at L4-L5 and L5-S1 is neither reasonable nor necessary and the previous adverse determinations should be upheld.

**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 AND KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)