

January 14, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-0382-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in orthopedic surgery. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a gentleman who sustained a work related injury on ___. This patient's diagnoses include lumbar spine strain, post-traumatic myositis, L4-L5 discogenic back pain, lumbar spine herniated nucleus pulposus/L4-5 discopathy. The patient has undergone a myelogram and discogram. The patient has been treated with physical medicine and oral medications.

Requested Services

IDET

Decision

The Carrier's denial of authorization and coverage for the requested services is upheld.

Rationale/Basis for Decision

___ physician reviewer indicated that at this point in time, Intradiscal Electrothermal Therapy (IDET) is still considered to be an unproven procedure. ___ physician reviewer explained that there are no controlled studies in the medical and scientific literature that demonstrate the efficacy of this procedure. ___ physician reviewer indicated that there was a manuscript published in 2000 of a non-randomized collection of case reports without a controlled patient population. (Saal et al. Management of chronic discogenic low back pain with a thermal intradiscal catheter. A preliminary report. Spine 25: 382. 2000.) ___ physician reviewer explained that another article reported that further study is necessary to define the mechanism

and means of clinical improvement. (Saal et al. Intradiscal electrothermal anulooplasty (IDET): A novel approach for treating chronic discogenic back pain. Neuromodulation. 3: 82, 2000.) ___ physician reviewer noted that a recent report indicated that 54% of the patients experienced a 50% reduction in pain after this procedure and only 20% of the patients experienced complete pain relief and concluded that IDET is universally not successful. (Karasek et al. Spine 2, 2002.) ___ physician reviewer also explained that independent reports are needed from investigators other than the inventors of this procedure in order to demonstrate its efficacy. ___ physician consultant also explained that although the FDA approved this procedure for intradiscal thermal coagulation, the FDA did not comment as to the efficacy of IDET. ___ physician consultant noted that conventional and well-proven therapies are available for patients with low back pain. Therefore, ___ physician reviewer concluded that IDET is not medically necessary to treat this patient's condition

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,