

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on June 1, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-1403-01**

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information from Respondent:

Correspondence

Information from Treating Doctor:

Office notes 08/27/04 – 03/10/05

Operative reports 12/07/04 – 01/12/05

Radiology reports 07/29/04 – 01/12/05

Information from Chiropractor:

Office notes 06/15/04 – 11/05/04

Physical therapy notes 07/15/04 – 12/27/04

Information from Neurosurgeon:

Office note 10/08/04

Clinical History:

This patient is a 28-year-old male status post lifting injury on _____. He has had limited pain relief with 6 months of standardized conservative therapy. He currently has a visual analog pain score of 3/10-4/10 with inactivity and 5/10-7/10 VAS with activity. A discogram of 01/12/05 reproduces pain at L3/L4, no pain at L4/L5, and reproduces pain at L5/S1. Abnormal post-discogram CT scan at L3/L4, L4/L5, and L5/S1.

Disputed Services:

Intradiscal electrothermal therapy procedure @ L3-L4 and L5-S1.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above is medically necessary in this case.

Rationale:

Intradiscal electrothermal therapy (IDET) has been shown to be effective at 1 and 2 levels in patients with chronic low back pain when symptoms did not improve with aggressive nonoperative care and who chose IDET as an alternative to chronic pain management or interbody fusion surgery. Perspective outcome studies have demonstrated that over 75% of the patients who undergo this procedure would undergo the same procedure for the same outcome again. Complete pain relief was achieved in 24% of the patients and partial pain relief in 46% of the patients. The selection criteria for these patients is patients with chronic lumbar discogenic pain with concordant pain on provocative pressure-controlled lumbar discography and with symptomatic annular tears and/or protrusions of less than 5 mm who did not respond to aggressive nonoperative care. The current practice of 1 and 2-level IDET procedures is extensive; however, multilevel, i.e. 3 or more, has rarely been effective in most patients.

Screening Criteria/Treatment Guidelines/Publications Utilized:

Saal, J.S.: *Intradiscal Electrothermal Treatment for Chronic Discogenic Low Back Pain: Perspective Outcome Study with Minimal One Year Followup*. Spine. 2000. 25:2622-7.

Lutz, C.G., Cooke, P.M.: *Treatment of Chronic Lumbar Discogenic Pain with Intradiscal Electrothermal Therapy: A Perspective Outcome Study, 2003*. Archives of Physical Medicine and Rehabilitation. 84:23-28.

Pauza, K.J., Hawell, S., Dreyfuss, P., Pelosa, J.H., Dawson, K., Bogduk, N.: *A Randomized Placebo-Controlled Trial of Intradiscal Electrothermal Therapies for the Treatment of Discogenic Low Back Pain*. The Spine Journal. 2004. 4:27-35.