

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>10/21/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-0018-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the pre-authorization denied for L4-5 arthrocare nucleoplasty.

### DECISION: Upheld

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IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance Division of Workers' Compensation as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 10/21/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold the denial of the nucleoplasty as not medically necessary.

### CLINICAL HISTORY:

The injured individual is a 38 year old male with date of injury \_\_\_ and ongoing left leg radicular pain unresolved with prior epidural steroid injections (ESIs). The MRIs showed an initial bulge at L4/5 but this apparently resolved. It was not present on two subsequent MRIs or a CT. Despite this, the attending physician is requesting a nucleoplasty at the L4/5 level because the discogram caused back and leg pain here although the post-discogram CT and the discogram itself showed no disc abnormalities. There is no anatomic abnormality to recommend a nucleoplasty as there is no anatomic abnormality to treat. Also, there is a lack of studies to justify the efficacy of nucleoplasty over traditional surgical options in appropriate candidates which this injured individual is not.

### References:

1. J Clin Neurosci 2002 Jul;9(4):411-7 "Discectomy strategies for lumbar disc herniation: results of the LAPDOG trial" Haines SJ.
2. Phys Med Rehabil Clin N Am 2002 Aug;13(3):735-59 "Surgical management of cervical and lumbosacral radiculopathies: indications and outcomes" Storm PB.

3. Cochrane Database Syst Rev 2000;(3):CD001350 "Surgery for lumbar disc prolapse" Gibson JN.

4. J Spinal Disord Tech 2005 Feb;18 Suppl:S119-124 Cohen J.

#### **RATIONALE:**

The injured individual is a 38 year old male with left leg radiculopathy. Epidural steroid injections (ESIs) failed to help. Discography was positive at L4/5 although both the discogram and the CT post-discogram showed normal disc pathology. The injured individual has had ongoing left leg radicular symptoms so multiple MRIs were done. The first was in 10/1998 immediately after injury and showed a small left L4/5 protrusion. The next MRI was done in 06/1999 and showed complete resolution of this protrusion. The last MRI was done in 06/2005 at the request of Dr. Potter after the discogram and showed a small annular tear without protrusion. This tear could have been caused by the discogram needle. He requested the MRI, stating it was the "gold standard" in diagnostic tests because the discogram/CT had shown normal disc morphology at the L4/5 level. The nucleoplasty is denied for multiple reasons. First, the L4/5 disc has no current documented pathology (i.e. no bulge or herniation) to treat; this has resolved according to the "gold standard" MRI to quote Dr. Potter. Second, the procedure is investigational in nature and not without potential risks. The literature referenced does not support this procedure over traditional open surgery.

Reference #1 states: "No clinical trial of any percutaneous discectomy technique provides definitive evidence supporting the efficacy of the procedure."

Reference #2 states: "Because patient selection is the most important predictor of outcome and 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."

Reference #3 states: "Three trials of percutaneous discectomy provided moderate evidence that it produces poorer clinical outcomes than standard discectomy or chymopapain."

Reference #4 states: "nucleoplasty is not proven effective in the long term treatment of lumbar radiculopathy either with IDET or without."

#### **RECORDS REVIEWED:**

- DWC/TWCC Notification of IRO Assignment dated 09/16/05
- MR-117 dated 09/16/05
- MR-100 dated 09/06/05
- DWC/TWCC-60
- DWC/TWCC Report of Medical Evaluation dated 03/12/99
- MCMC: IRO Medical Dispute Resolution Prospective dated 10/05/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 09/16/05
- Texas Mutual: Letter dated 09/27/05 from LaTreace Giles, R.N.
- Comprehensive Pain Management: Letter dated 08/15/05 from Ryan Potter, M.D.
- Texas Mutual: Letter dated 08/05/05 from Lois Garcia, R.N. Review Nurse

- Texas Mutual: Denial letter #2 dated 08/01/05
- Comprehensive Pain Management: Worker's Compensation Preauthorization Forms dated 08/01/05, 07/21/05 from May De Los Santos
- Texas Mutual: Letter dated 07/27/05 from Robin Christian, R.N., Review Nurse
- Texas Mutual: Denial letter #1 dated 07/21/05 from Robin Christian, R.N., Preauthorization Senior Nurse
- Comprehensive Pain Management: H&P dated 07/15/05, 04/25/05, 01/03/05, 12/01/04 from Ryan Potter, M.D.
- Corpus Christi Radiology Center: MRI lumbar spine dated 06/30/05
- Spinecare Outpatient Surgery Center: Operative Note dated 04/20/05 from Ryan Potter, M.D.
- Radiology Associates: CT lumbar spine dated 04/20/05
- Comprehensive Pain Management report dated 11/18/03
- Comprehensive Pain Management: History & Physical dated 04/15/02 from Ryan Potter, M.D.
- Corpus Christ Radiology Center: Lumbar spine MRI dated 06/17/99
- David Dolexal, D.C.: Report of Medical Evaluation dated 03/12/99
- Spohn Health System: Draft of Consultation dated 10/26/98 from Michael Lecompte
- Corpus Christi Radiology Center: Lumbar spine MRI dated 10/22/98
- Article entitled, "DISC Nucleoplasty – Getting Back to the Business of Life"
- Article entitled, "Percutaneous Disk Decompression Using Nucleoplasty", pages 121 through 126
- Article entitled, "Intradiscal Pressure Study of Percutaneous Disc Decompression With Nucleoplasty in Human Cadavers", pages 661 through 665
- Article entitled, "Percutaneous Disc Decompression Using Coblation (Nucleoplasty) in the Treatment of Chronic Discogenic Pain", pages 250 through 259
- Press Release entitled, "Arthrocare Announces Expanded FDA Clearance for Nucleoplasty Surgical Devices", pages 1 through 3
- Article entitled, "Nucleoplasty, What is Nucleoplasty?"

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

### **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 TDI/DWC Chief Clerk of Proceedings within 10 (ten) days or your receipt of this decision (28Tex.Admin. Code 142.5©.)

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

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
Texas Department of Insurance Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas, 78744  
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**In accordance with commission rule 102.4(h), 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 this**

**21<sup>st</sup> day of October 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_