



July 21, 2006
(From March 18, 2005 Meeting Decision)

To: John Shilts, Administrator, Workers' Compensation Division

From: The Medical Advisory Committee

On September 5, 2001, the Medical Advisory Committee(MAC) recommended that Intradiscal Electrothermal Therapy (IDET) be excluded from compensability as not proven, pursuant to ORS 656.245(3). The MAC specifically agreed to review new literature periodically to determine if the procedure is proven in an appropriately controlled scientific study. In September of 2004, the committee reviewed recent literature and voted for IDET to be compensable when certain criteria were met. There was more discussion subsequent to that vote by committee members and the issue was brought back again for more consideration. In the March 18, 2005 meeting, the MAC reviewed IDET again including updated materials and studies. After discussion, three members voted for the procedure to be compensable when the criteria were met, and six voted for the procedure to remain non-compensable.

Thus, the MAC recommended the IDET procedure remain non-compensable for Oregon Workers' Compensation. This recommendation superceded all previous recommendations. The purpose of this memo is to capture that recommendation.

At that time, the committee noted the most recent study specifically excluded the workers' compensation population. It was recognized that there is a difference between how workers' compensation and personal-injury patients respond as compared to the population at large.

There are very few studies that include a workers' compensation population, much less have only a workers' compensation population. Placing a requirement that a study include workers' compensation population would significantly decrease the number of studies available for review. The committee agreed that requiring workers' compensation population participation in a study was not feasible.

Recommendation: The IDET procedure remain non-compensable for Oregon Workers' Compensation.



September 17, 2004

To: John Shilts, Administrator, Workers' Compensation Division

From: The Medical Advisory Committee

On September 5, 2001, the Medical Advisory Committee(MAC) recommended that Intradiscal electrothermal therapy (IDET) be excluded from compensability as not proven, pursuant to ORS 656.245(3). The MAC specifically agreed to review new literature periodically to determine if the procedure is proven in an appropriately controlled scientific study.

The Spine Journal 4 (2004), printed a paper which found the IDET procedure yielded significantly greater improvement for patients treated with IDET than with placebo under carefully controlled criteria.

The MAC believes this study demonstrates the IDET is a proven procedure when the criteria used in the study are adhered to.

Therefore, **MAC recommends, on a 5 to 1 vote**, the rule be changed to allow compensability of IDET at one or two levels when the following criteria are met: No previous lumbar surgery; no abnormal neurological examination findings other than ankle reflex changes; no radicular pain; no structural deformities at the painful segment level; no intervertebral disc herniations greater than 4 mm; no sequestered intervertebral disc herniations; no uncontrolled or acute medical illnesses, chronic severe conditions or pregnancy; pain > six months; failure to respond to non-operative care after > 6 weeks; a score less than 20 on the Beck depression scale; no surgical interventions within the previous 3 months; and less than 30% disc height narrowing on lateral plain film radiographs.

There was a dissenting vote by Rebecca Brown, R.N. and she has forwarded supporting information to you under separate cover.



Medical Advisory Committee POLICY RECOMMENDATION

Date: October 3, 2003

To: John Shilts, Administrator, Workers Compensation Division

From: The Medical Advisory Committee

Re: IDET (IntraDiscal Electrothermal Therapy)

Pursuant to ORS 656.245 (3), the Medical Advisory Committee was asked by Smith & Nephew to reconsider the exclusion of IDET from compensability in Oregon's workers' compensation system.

The final recommendation of the Medical Advisory Committee on March 28, 2001 was to, by rule, exclude from compensability the procedure known as IDET (intradiscal electrothermal therapy). Ultimately, a rule was adopted excluding this procedure from compensability.

This spring, the committee was asked to review a new article, "A Prospective Outcomes Study of Patients Undergoing Intradiscal Electrothermy (IDET) for Chronic Low Back Pain." (Peter C. Gerszten, M.D., MPH, et al)

On June 6, 2003, the Medical Advisory Committee reviewed and discussed the article and unanimously agreed it is insufficient to overcome the "unproven" status of this procedure.

We continue to recommend exclusion of the IDET as an unproven procedure. We will review new evidence in the future that is submitted to us for our review.



May 3, 2002

TO: John Shilts, Administrator, WCD

FROM: Medical Advisory Committee

RE: IDET procedure.

On September 5, 2001, we recommended that the Worker's Compensation Division exclude by rule the procedure known as IDET (Intradiscal electrothermal therapy) from compensability in Oregon's workers' compensation system. At the request of the Division, we reconsidered that recommendation at our April 26, 2002 meeting. We completed a literature search and reviewed additional materials that were presented to us from various parties.

After a review of all this material, we did not find any material that went any further to prove the efficacy of the IDET procedure than the materials we previously reviewed. There are still no reports from any scientifically controlled studies that demonstrate the procedure is effective. This was our concern in September and remains our concern.

The Medical Advisory Committee recommends that the Division continue to exclude the IDET procedure from compensability until and unless there are persuasive scientifically controlled studies demonstrating the effectiveness of the procedure..



MEMORANDUM

Date: September 5, 2001

To: John Shilts, Administrator, Workers' Compensation Division

From: David Silver, M.D., Chair, Medical Advisory Committee

Re: Recommendation to exclude the IDET procedure from reimbursement

The final recommendation of the Medical Advisory Committee is to, by rule, exclude from compensability the procedure known as IDET (intradiscal electrothermal therapy).

On March 28, 2001, the Medical Advisory Committee submitted a recommendation to you to adopt a rule to exclude IDET. WCD opened the Division 009 rules to consider this recommendation, held a public hearing and accepted public testimony regarding this proposal. At your request, we reviewed all of the testimony received by WCD prior to making our final recommendation to you.

After a thorough review of all the testimony, the Medical Advisory Committee, by unanimous vote of all members present* at the meeting of July 27, 2001, agreed to continue the recommendation contained in the March 28, 2001 memo to exclude the IDET procedure from compensability. Because the procedure has not been subjected to any scientifically controlled testing, we find no convincing evidence that the procedure works, and therefore it is unproven. We acknowledge there is anecdotal evidence that the procedure has helped patients, but there is no way to exclude the possibility that the improvement is due solely to placebo effect. There is evidence that the procedure has been harmful to a small number of patients who have undergone the procedure.

The members also agreed unanimously to review any new literature and study results available in six months (January 30, 2002), and periodically thereafter, if warranted.

* Members present were: Tamara Arthur, Joseph Eusterman, Timothy Keenen, Frank Prideaux, David Silver, Randy Sanne and Franklin Wong



March 28, 2001

To: John Shilts, Administrator, Workers' Compensation Section

From: The Medical Advisory Committee

Re: The IDET procedure

The Medical Advisory Committee has completed a thorough review of the status of Intradiscal Electrothermal Therapy in the treatment of disc pain. The Committee has reviewed the literature and listened to presentations by a number of interested parties. After completing this review and debating the information, the MAC makes the following findings and recommendations:

I. Issues

1. What defines whether a procedure is experimental or unproven?
2. Is the IDET procedure a successful procedure for treating chronic back pain?
3. Should WCD adopt a rule finding the IDET procedure non-reimbursable for the treatment of workers' compensation claimants?
4. What is chronic back pain?

II. The Problem:

IDET is a new procedure that is currently being promoted by some medical providers as an effective treatment for chronic low back pain. However, there is significant concern that this procedure has not undergone rigorous scientific investigation and therefore is experimental or unproven. There are no randomized studies of its effectiveness, no animal research regarding the long term effects of disc heating, and no evidence of long-term safety.

III. The interests:

- Physicians: Some may have a financial and personal interest in promoting its use.
- Insurers, employers, and hospitals have a financial interest.
- Injured workers and the general public have an interest in new techniques and in receiving safe and proven treatments.

IV. Proposed solutions:

1. A procedure is unproven if it has not been shown to be effective through rigorous controlled scientific studies.
2. The IDET procedure is unproven. It has not been demonstrated to be an effective treatment for chronic back pain through rigorous scientific studies, and should not be compensable under the Oregon workers' compensation system. There are continuing studies, including one currently in Australia, which the Committee has been told meets the criteria for a controlled scientific study. The question of whether to reimburse this procedure should be revisited when more rigorous studies are available for review
3. The Medical Advisory Committee recommends the director adopt a rule finding the IDET procedure noncompensable for the treatment of chronic low back pain.
4. "Chronic low back pain" is defined as back pain which persists following six months of conservative treatment.

DISCUSSION: The MAC members reviewed the available literature published on IDET and other documents and communications discussing its use and effectiveness. The Committee also listened to a presentation by SAIF Corporation staff recommending the IDET procedure not be compensable because it is experimental. We also listened to a presentation by Michael Karasek, M.D. a neurologist, who has done a number of IDET procedures in Oregon. Dr. Karasek stated that the evidence overwhelmingly supports that the procedure is effective when performed on a carefully screened group of patients who meet certain criteria. There were other presentations by Oratec, the manufacturer of the device used in the IDET procedure and Timothy Keenen, M.D., an orthopedic surgeon. Dr. Keenen stated he believes the IDET procedure is appropriate treatment for a subset of patients who do not respond to conservative treatment and who are not candidates for fusion or other standard interventions.

It may be shown in the future that the IDET procedure is an effective treatment for low back pain. Studies underway may provide more rigorous evidence about the effectiveness of the procedure, and the Committee would like to revisit this issue if such evidence becomes available.

The Committee will address the definitions of "unscientific," "unproven," "outmoded," and "experimental," used in ORS 656.245(3), in a future memorandum. We will also consider the question of whether these words are medically relevant or whether they would be better replaced by other terms.